Case No.

*In re. Investigation of election irregularities affecting counties within the 9th Congressional District*

# Exhibit

# 4.2.6.2.1.1(a)

Description: Absentee ballot return envelopes obtained from the Bladen County Board of Elections office for the 2018 general election. The first Exhibit 4.2.6.2.1.1 posted in December 2018 reflected the first tranche of envelopes obtained. The State Board subsequently obtained all envelopes and scanned at higher resolution.

NORTH CAROLINA
STATE BOARD OF ELECTIONS

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED
OCT 1 2018
BLADEN CO. BD

VADA STORMS
2818 GUYTON RD
BLADENBORO, NC 28320

TIME_____

UNA - BLADEN COUNTY

[redacted]

Boc

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10-11-2018
Signature Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| RELMON STORMS | CLINT STORMS |
| Signature (Required) Relmon Storms | Signature (Required) |
| Street Address (Required) 2880 GUYTON RD. | Street Address (Required) 11903 N.C. 131 HWY |
| City, State and Zip (Required) BLADENBORO, N.C. 28320 10-11-18 | City, State and Zip (Required) BLADENBORO, N.C. 2832 10-11-18 |
| | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____ __, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

HOPE WILLIAMS BELL
107 N MARVIN ST
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Boar

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] Date

Signa

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Patti Suggs — 2683 NC Hwy 53 W Elizabethtown, NC
Name of Assistant — Address of Assistant

X Patti Suggs — Date
Signature of Assistant

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required): Trista D. Watkins | Signature (Required): [illegible] |
| Street Address (Required): 55 Alford Drive | Street Address (Required): 3759 NC Hwy 53 W |
| City, State and Zip (Required): White Lake, NC 28337 | City, State and Zip (Required): Elizabethtown N.C. 28337 |
| Date: 10-6-18 | Date: 10-7-18 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the ____ day of ____ ____ ____, 20 ____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section]

*NOTE: A notary may not charge any fee for witnessing or affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 108-30]*

STATE OF ____ ____

COUNTY OF ____ ____ ____ SEAL

Notary Public — Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JAN EVERS THOMAS
699 HAPPY VALLEY RD
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Bo

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☑ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 10-4-18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| | |
| Signature (Required) | Signature (Required) |
| Street Address (Required) | Street Address (Required) |
| City, State and Zip (Required) | City, State and Zip (Required) |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the 4 day of October 2018, the Voter: personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot (or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF NC
COUNTY OF Bladen

NOTARY PUBLIC BLADEN COUNTY, NC

Notary Public 8-22-22
Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JACQUELYN OLIVIA DAVIS
141 J C RD
WHITE OAK, NC 28399

DEM - BLADEN COUNTY

[redacted]

Boar[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

[redacted]

P.O. Box 261 141 J C Rd
Address where application and ballots should be mailed
White Oak, NC 28399

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 10/15/2018
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

NCSBE v2018.02

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 45 Reids Gate | 1352 John Owen Rd |
| Street Address (Required) | Street Address (Required) |
| White Oak NC 28399 | White Oak NC 28399 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-15-18 Date | 10-15-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BARBARA JEAN VILLARREAL
204 BYRD LN
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted]

[redacted]
204 Byrd Ln. Elizabethtown NC 28337
Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] he *Witnesses'* Co[redacted]

X [redacted] 9/28/18
Sig[redacted] Date

Na[redacted]

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Joyce McCall | Debbie Thomas |
| Signature (Required) | Signature (Required) |
| 308 Eastway N.E. | 206 Byrd Lane |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown N.C. 28337 | Elizabethtown nc 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 9-28-18 Date | 9-28-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# ntee Application and Certificate

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JOSEPH BENJAMIN CAIN III
218 PAGES LAKE RD
ST. PAULS, NC 28384

REP - BLADEN COUNTY

[redacted]

Boa

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☑ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to pa[redacted]

Sig

218 Pages Lake Rd St Pauls NC 28384
Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certif*[redacted]

X
Signat[redacted] 9.28.18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

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| Witness #1 | Witness #2 |
|---|---|
| X | X |
| Signature (Required) | Signature (Required) |
| 1153 Bladen Union Church Rd | 1153 Bladen Union Church Rd |
| Street Address (Required) | Street Address (Required) |
| Fayetteville NC 28306 | Fay. NC 28306 |
| City, State and Zip (Required) 9-28-18 Date | City, State and Zip (Required) 9-28-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Fraudulently or Falsely complet... Class I felony under Chapter 163 of the N.C. General Statutes

**The following people ... PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;

**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LISA MARIE CAIN
218 PAGES LAKE RD
ST. PAULS, NC 28384

REP - BLADEN COUNTY

[redacted]

Bo...

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In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☑ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participat[redacted]

Signature of Voter (if applicable)

218 Pages Lake Rd St. Pauls NC 28384
Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 9-28-18
Signatur... Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| X | X |
| Signature (Required) | Signature (Required) |
| 1183 Bladen Union Church Rd | 1153 Bladen Union Church Rd |
| Street Address (Required) | Street Address (Required) |
| Fay NC 28306 | Fay NC 28306 |
| City, State and Zip (Required) 9-28-18 Date | City, State and Zip (Required) 9-28-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED
OCT 03

JAMES PATRICK MCGUINNESS
306 GOODEN ST
ELIZABETHTOWN, NC 28337

TIME_____
BLADEN CO. BD. OF ELECTIONS

DEM - BLADEN COUNTY

[redacted]

Boa

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted] le to

Signature of Voter (if applicable)

306 GOODEN STREET.
Address where application and ballots should be mailed

ELIZ. N.C. 28337

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted]

10/1/18
Date

N/A
Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

N/A
Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 306 GOODEN STREET | 306 GOODEN STREET |
| Street Address (Required) | Street Address (Required) |
| ELIZ. N.C. 28337 | ELIZ. N.C. 28337 |
| City, State and Zip (Required) 10/1/18 Date | City, State and Zip (Required) 10/1/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____
COUNTY OF _____

N/A
Notary Public

SEAL
Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED
OCT 03

JAMES PATRICK MCGUINNESS II
306 GOODEN ST
ELIZABETHTOWN, NC 28337

TIME _____ REC'D BY
BLADEN CO. BD. OF ELECTIONS

DEM - BLADEN COUNTY

[redacted]

Boa

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to ballots.)

[redacted]

306 Gooden STREET
Address where application and ballots should be mailed
Eliz. N.C. 28337

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 10/1/18
Signature (Required) Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

N/A
Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 306 Gooden STREET | 306 Gooden STREET |
| Street Address (Required) | Street Address (Required) |
| Eliz. N.C. 28337 | Eliz. N.C. 28337 |
| City, State and Zip (Required) 10/1/18 Date | City, State and Zip (Required) 10/1/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____
COUNTY OF _____

N/A
Notary Public

SEAL

Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED
OCT 03 2018

KELLY MARIE MCGUINNESS
306 GOODEN ST
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

TIME_____ REC'D BY_____
BLADEN CO. BD. OF ELECTIONS

[redacted]

Boar[redacted]

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that [redacted] other [redacted] ble to

[redacted]

306 GOODEN STREET
Address where application and ballots should be mailed

ELIZ. N.C. 28337

**Voter's Certification (Required)**

Before applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

☐ [redacted] n 2 of the *Witnesses'*

10/1/18
Date

[redacted]
Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

N/A
Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 306 GOODEN STREET | 306 GOODEN STREET |
| Street Address (Required) | Street Address (Required) |
| ELIZ. N.C. 28337 | ELIZ. N.C. 28337 |
| City, State and Zip (Required) 10/1/18 Date | City, State and Zip (Required) 10/1/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-30)*

STATE OF _____
COUNTY OF _____

N/A
Notary Public SEAL
Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JAMES HARRY SMITH
285 SAND PIT RD
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Bo[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the

[redacted]

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| DEBORAH MONROE | [illegible] |
| Signature (Required) | Signature (Required) |
| 91 Clyde Hatcher Rd | 107 Lewis DR |
| Street Address (Required) | Street Address (Required) |
| Council NC 28434 | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-4-18 | 10/4/18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LOVE ANNA SHIPMAN
285 SAND PIT RD
ELIZABETHTOWN, NC 28337

DEM -- BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete [redacted]

X [redacted] 10-4-18
Sig Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| DEBORAH MONROE | Sandra Shipman |
| Signature (Required) | Signature (Required) |
| 61 Clyde Hatcher Rd | 1813 Vine St. |
| Street Address (Required) | Street Address (Required) |
| Council N.C. 28434 | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-4-18 Date | 10-4-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JAMES GARY JONES
319 PRINCESS LN
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

[redacted] **tion 2** of the *Witnesses'*

10/4/18
Date

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 108 Lewis Dr | 1813 Pine St. |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/4/18 Date | 10-4-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

EARLINE K PONE
10759 S COLLEGE ST # 1B
CLARKTON, NC 28433

DEM - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] the *Witnesses'*

10/16/18
Date

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 108 Lewis DR | 10759 S College St Apt 1-G |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Clarkton NC 28433 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/16/18 Date | Date 10-16-18 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MILTON JEROME MCINTYRE SR
817 FOX ST
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10-1-18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Lola Wooten | Sandra Hunter |
| Signature (Required) | Signature (Required) |
| 108 Lewis DR | 1813 Vine St |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Elizabethtown NC 28337 |
| City, State and Zip (Required) 10/1/18 Date | City, State and Zip (Required) 10-1-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

HORACE DRAYTON
38 GEORGE W KELLY RD
CLARKTON, NC 28433

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted]ses'

[redacted]

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| DEBORAH MONROE | Sandra Guion |
| Signature (Required) | Signature (Required) |
| 61 Little Harrison Rd | 1818 Vine St. |
| Street Address (Required) | Street Address (Required) |
| Council NC 28434 | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-5-18 Date | 10-5-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LAURA ANN LEE
36 GEORGE W KELLY RD
CLARKTON, NC 28433

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10/5/18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Lola Wooten | Linda Green |
| Signature (Required) | Signature (Required) |
| 108 Lewis DR | 1813 Vern St |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/5/18 Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CARRIE WILLIS SMITH
233 SAND PIT RD
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Bo

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted]

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Sandra Guions
Name of Assistant — Address of Assistant

X [signature] 10-4-18
Signature of Assistant — Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| DEBORAH MONROE | [signature] |
| Signature (Required) | Signature (Required) |
| 1 Clyde Hatcher Rd | 1813 View St |
| Street Address (Required) | Street Address (Required) |
| Council NC 28434 | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-4-18 Date | 10-4-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public — Commission Expiration Date

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JABREL TYON ROGERS
401 QUAIL ST
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Boar

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] on 2 of the *Witnesses'* C

X [redacted] 10/4/18
Sig Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| DEBORAH MONROE | Rola Wooten |
| Signature (Required) | Signature (Required) |
| 81 Cliffside Hatcher Rd | 108 Lewis DR |
| Street Address (Required) | Street Address (Required) |
| Council NC 28434 | E Town 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-4-18 Date | 10/4/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

KATRICE SHONTELL ROGERS
401 QUAIL ST
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] the *Witnesses'*

10/1/18
Date

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| DEBORAH MONROE | Sandra Gunn |
| Signature (Required) | Signature (Required) |
| 81 Clyde Hatcher Rd | 1813 Vine St. |
| Street Address (Required) | Street Address (Required) |
| Council NC. 28434 | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-2-18 Date | 10-2-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JACQUILINE ELAINE WHITTED
87 FLORENCE DR
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] the *Witnesses'*

10/24/18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| Street Address (Required) | Street Address (Required) |
| City, State and Zip (Required) | City, State and Zip (Required) |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

INEZ WHITTED
65 SAND PIT RD
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Boa

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Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 104 Lewis DR | 1813 Vine St |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Elizabethtown NC 28337 |
| City, State and Zip (Required) 10-4-18 Date | City, State and Zip (Required) 10-4-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MARY O MCKIVER SMITH
217 SAND PIT RD
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Boa

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 10-4-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| DEBORAH MONROE | Lola Wood |
| Signature (Required) | Signature (Required) |
| 81 Clyde Hatcher Rd | 100 Lewis Dr |
| Street Address (Required) | Street Address (Required) |
| Council N.C. 28434 | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-4-18 | 10/4/18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

GEORGE SAMUEL SMITH
1107 QUAIL ST
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

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In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**
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☐ [redacted] of the *Witnesses'*

10/12/18
Date

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

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| Witness #1 | Witness #2 |
|---|---|
| Sandra Brun | Lola Weeks |
| Signature (Required) | Signature (Required) |
| 1813 Vine St | 108 Lew's Dr |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| [redacted] 10-12-18 Date | 10/12/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

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KATHLEEN DUPREE
304 EMMA ST
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Boa

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Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 10/1/18

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

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Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

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| Witness #1 | Witness #2 |
|---|---|
| Lola Wooten | DEBORAH Monroe |
| Signature (Required) | Signature (Required) |
| 108 Lewis DR | 81 Cliffdale Hatcher Rd |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Clinton NC 28328 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/1/18 Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ELBERT LEE SMITH
217 SAND PIT RD
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

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OR

☐ a[redacted]he *Witnesses'* C[redacted]

Si[redacted] Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Sandra Guions
Name of Assistant Address of Assistant

X Sandra Guions 10-4-18
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| DEBORAH MONROE | [redacted] |
| Signature (Required) | Signature (Required) |
| 91 clyde Hatcher Rd | 1813 Vine St |
| Street Address (Required) | Street Address (Required) |
| Council N.C. 28434 | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-4-18 | 10-4-2018 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CAROL SUE SPAULDING
172 IDA'S LN
CLARKTON, NC 28433

DEM - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] **Option 2** of the *Witnesses'*

[redacted] 10/16/18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| DEBORAH MONROE | Sandra Jones |
| Signature (Required) | Signature (Required) |
| 81 Clyde Hatcher Rd | 1813 Vine St |
| Street Address (Required) | Street Address (Required) |
| Council NC 28434 | Elizabethtown NC 28337 |
| City, State and Zip (Required) 10-16-18 Date | City, State and Zip (Required) 10-16-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

WILBUR DEVON MCDUFFIE
172 IDA'S LN
CLARKTON, NC 28433

DEM - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted]

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant | Address of Assistant

X
Signature of Assistant | Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| DEBORAH MONROE | Lola Wood |
| Signature (Required) | Signature (Required) |
| 81 Clyde Hatchel Rd | [illegible] Dr |
| Street Address (Required) | Street Address (Required) |
| Council NC. 28434 | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-16-18 | 10/16/18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public | Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

TONTGA TERALL LESANE
310 W GILL ST
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

☐ **[redacted]st**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'* C[redacted] 10/1/18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Lola Woods | Sandra Glucion |
| Signature (Required) | Signature (Required) |
| 108 Weaks DR | 1813 Vine St |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/1/18 | 10-1-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

HILDA FAYE ALLISON CROMARTIE
806 BLUE ST
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10/1/2018
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Lola Wooten | Sandra Harris |
| Signature (Required) | Signature (Required) |
| 108 Lewis Dr | 1813 Vine St |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Elizabethtown NC 28337 |
| City, State and Zip (Required) 10/1/18 Date | City, State and Zip (Required) 10-1-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JACQUELINE HAIR MCKIVER
42 PEARL LLOYD RD
WHITE OAK, NC 28399

DEM - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] plete **Option 2** of the *Witnesses'*

[redacted] 10-25-18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Bernadette W. Comartie | Nikita Wiltz |
| Signature (Required) | Signature (Required) |
| 78 Pompio Rd. | 1412 Lowbranch Ct |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown, NC 28337 | Fayetteville, NC 28306 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/25/2018 | 10/25/18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
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JAQUEL RASHAWN JESSUP
5504 NC 53 HWY W
WHITE OAK, NC 28399

DEM - BLADEN COUNTY

[redacted]

☐ **[redacted]est**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 10-23-14
Date

[redacted]

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Lisa Jessup | Rochelle Highsmith |
| Signature (Required) | Signature (Required) |
| 5504 Hwy. 53 West | 57 N. Clark ST. P.O. Box 393 |
| Street Address (Required) | Street Address (Required) |
| White Oak N.C. 28399 | Clarkton NC 28433 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-23-14 Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LISA KAY JESSUP
5504 NC 53 HWY W
WHITE OAK, NC 28399

DEM - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] **Option 2** of the *Witnesses'*

10-15-18
Date

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Rochelle Bizzgmith | [illegible] |
| Signature (Required) | Signature (Required) |
| 57 N. Clark ST P.O. Box 3 | P.O. Box 1089 Jack Richardson Rd |
| Street Address (Required) | Street Address (Required) |
| Clarkton NC 28433 | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MARY ANN MCKIVER
658 AVENUE AVE
WHITE OAK, NC 28399

DEM - BLADEN COUNTY

[redacted]

[redacted]st

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

**Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted]on 2 of the *Witnesses'*

Date

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Lola Wooten | Verta McKoy |
| Signature (Required) | Signature (Required) |
| 103 Levi Dr | 956 White Plains Ch. Rd. |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown, NC 28337 | Clarkton, N.C. 28433 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/9/18 | 10/9/18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

NAETWAN CHARLES MCLAURIN
658 AVENUE AVE
WHITE OAK, NC 28399

DEM - BLADEN COUNTY

[redacted]

[redacted]est

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

**Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10/09/18
Date

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) Dawn Mckivor | Signature (Required) Mary L. McKivor |
| Street Address (Required) 658 avenue ave | Street Address (Required) 655 Ave Rd |
| City, State and Zip (Required) White Oak NC 28399 | City, State and Zip (Required) White Oak NC 28399 |
| Date 10/9/18 | Date 10/09/18 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

NIGERIA SHAMER PEARSON
310 W GILL ST
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

[redacted]

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
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Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10-1-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Lola Wooten | Sandra Gunn |
| Signature (Required) | Signature (Required) |
| 10 Lewis DR | 1813 Vine St |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/1/18 Date | 10-1-2018 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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MICHAEL ANTHONY MONROE
65 GULF STREAM DR
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

☐ **...uest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a [redacted] **...tion 2** of the *Witnesses'*

Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| DEBORAH MOORE | Lola Ubaldo |
| Signature (Required) | Signature (Required) |
| 91 Clyde Hatchel Rd | 108 Lewis DR |
| Street Address (Required) | Street Address (Required) |
| Council N.C. 28434 | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| Date | 10/9/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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ALLISON DUMAS DELLINGER
1394 BAY TREE DR
HARRELLS, NC 28444

DEM - BLADEN COUNTY

[redacted]

☐ **Annual Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

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OR

☐ [redacted] **2** of the *Witnesses'*

9/28
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| | |
| Signature (Required) | Signature (Required) |
| Street Address (Required) 205 SMAIN ST | Street Address (Required) 1832 Cross Country Drive |
| City, State and Zip (Required) BLACKSBURG VA 24060 9/28 Date | City, State and Zip (Required) Raleigh NC 9/28 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

NIKKI PLESHETTE MATHIS
918 JOEL ST
ELIZABETHTOWN, NC 28337

UNA - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] f the *Witnesses'* Ce

X [redacted] 10/1/18
Sig Date

_____
Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 108 Lewis Dr | 1813 Vine St. |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Elizabethtown NC 28337 |
| City, State and Zip (Required) 10/1/18 Date | City, State and Zip (Required) 10-1-2018 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MARGARET LEWIS MCKOY
815 FOX ST
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

☐ [redacted]est
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10-1-18
Signature Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| Street Address (Required) | Street Address (Required) |
| City, State and Zip (Required) | City, State and Zip (Required) |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**
**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MICHAEL THURMAN BROWN
916 JOEL ST
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

[redacted]uest
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10/4/18
Signature (Required) Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Lola Wooten — 916 Joel St Elizabethtown NC 28337
Name of Assistant — Address of Assistant

X Lola Wooten — 10/4/18
Signature of Assistant — Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Lola Wooten | Landon Evans |
| Signature (Required) | Signature (Required) |
| 1050 Leads DR | 1813 Vine St |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/4/18 | 10-4-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public — Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JOSEPH C MCKOY
815 FOX ST
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

☐ **est**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'* C

[redacted] 10-1-18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| DEBORAH MONROE | Lola Watts |
| Signature (Required) | Signature (Required) |
| 9161 Joe Hatcher Rd | 107 Lewis Dr |
| Street Address (Required) | Street Address (Required) |
| Council NC. 28434 | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-1-18 Date | 10/1/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JOANN BURDEN
218 BURDEN RD
TAR HEEL, NC 28392

DEM - BLADEN COUNTY

[redacted]

☐ **uest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted]

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Lola Wooten (108 Lewis DR Tar
Name of Assistant Address of Assistant

X Lola Wooten 10/10/18
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Lola Wooten | Sandra Green |
| Signature (Required) | Signature (Required) |
| 108 Lewis DR | 1813 Vine St |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown (28337) | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/10/18 | 10-10-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ALBERT LEE SMITH
209 MERCER MILL RD # 1I
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

☐ **Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] *Witnesses'*

ate

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant | Address of Assistant

X
Signature of Assistant | Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) Romeika McRae | Signature (Required) Sandra Hunter |
| Street Address (Required) 1014 S Poplar St | Street Address (Required) 1813 Vine St |
| City, State and Zip (Required) Elizabethtown NC 28337 | City, State and Zip (Required) Elizabethtown NC 28337 |
| Date | Date 10-2-2018 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public | Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED
OCT 09 2018
MOORE BOE

ANTHONY DUEVONNE JONES
209 MERCER MILL RD # 1L
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

**Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

**Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10-2-18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Lola Wooster | DEBORAH MOORE |
| Signature (Required) | Signature (Required) |
| 108 Lewis DR | 81 Clyde Hatcher Rd |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Council NC 28434 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-2-18 Date | 10-2-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to ... e. [G.S. § 10B-30]*

SEAL

Expiration Date

NCSBE v2

**The following people are PROHIBITED ... Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing ... adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MARKUS DE'ONTEZ HIGH
401 QUAIL ST
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

[redacted]est
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

**Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'* C...

X [redacted] 10/04/18
Sig... Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| DEBORAH MONROE | Lola Woods |
| Signature (Required) | Signature (Required) |
| 91 Clyde Hyatt Rd | 108 Lewis DR |
| Street Address (Required) | Street Address (Required) |
| Council NC 28434 | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-4-18 Date | 10/4/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CYNTHIA CROMARTIE
74 POMPIE RD
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

☐ **quest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10/26-18
Sign Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Bernadette Wooten Cromartie | Lizzie T. Cromartie |
| Signature (Required) | Signature (Required) |
| 78 Pompie Rd. | 78 Pompie Rd. P.O. Box 1002 |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown, NC. 28337 | Elizabethtown, NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/26/18 Date | 10/26/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DEBORAH HENRY GRAHAM
2188 US 701 HWY N
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

**quest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10-6-18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Ledell Graham | Brad S Mathon |
| Signature (Required) | Signature (Required) |
| Ledell Graham | 2188 Hwy 701 N |
| Street Address (Required) | Street Address (Required) |
| 2188 Hwy 701 N | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| Elizabethtown, NC 28337 | 10-6-18 |
| 10-6-18 Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

QUINTINA FRANCAY JONES
209 MERCER MILL RD # 1N
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

**quest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted]

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| DEBORAH MONROE | Lola Wooten |
| Signature (Required) | Signature (Required) |
| 81 Clyde Hatchel Rd | 108 Lewis DR |
| Street Address (Required) | Street Address (Required) |
| Comne, N.C 28434 | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-4-18 Date | 10/4/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

AGNES STULTZ JACOBS
10898 S COLLEGE ST # 38
CLARKTON, NC 28433

DEM - BLADEN COUNTY

[redacted]

Boa

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to

[redacted]

10898 S College St, APT # 38
Address where application and ballots should be mailed
Clarkton, NC

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 9/29/18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

LOLA Wooten 1084 Lewis DR Tarheel
Name of Assistant Address of Assistant

x Lola Wooten 10/2/18
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Lola Wooten | Sandra Gunn |
| Signature (Required) | Signature (Required) |
| 1084 Lewis DR | 1813 Vine St |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-2-18 | 10-2-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JAVONDA SHANAI ROGERS
905 M AND M ST
ELIZABETHTOWN, NC 28337

DEM · BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

[redacted]

PO BOX 1547 E-TOWN NC 28337
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| | |
| Signature (Required) Natasha L Rogers | Signature (Required) Angeline H Rogers |
| Street Address (Required) 411 Martin Luther King Dr | Street Address (Required) 411 Martin Luther King Dr |
| City, State and Zip (Required) E-town NC 28337 Date 10-8-2018 | City, State and Zip (Required) E town NC 28337 Date 10-08-2018 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and

**Fraudulently or Falsely completing this form is a Class I felony und[illegible]63 of the N.C. General Statutes**

**The following people are PROHIBITED from signing th[illegible]es' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adul[illegible] care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LISA TINA HALL
372 BROWNS CREEK CHURCH RD
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Boar[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

[redacted] complete **Option 2** of the *Witnesses'*

10/1/18
Date

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 105 Lewis Dr | 91 Clyde Hatcher Rd |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 2833? | council NC 28434 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/1/18 Date | 10-1-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;

**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CHRYSTAL MARIE FISHER
1123 NC 20 HWY
ST. PAULS, NC 28384

REP - BLADEN COUNTY

[redacted]

Boar

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 10-11-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Ronnee L Hall | Edith Hall |
| Signature (Required) | Signature (Required) |
| 1123 NC Hwy 20 E | 1123 NC Hwy 20 E |
| Street Address (Required) | Street Address (Required) |
| TAR HEEL, NC 28392 | Tar Heel, NC 28392 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10.11.18 Date | 10.11.18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**
**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

TERRY M MCPHAIL
195 HICKORY HILL DR
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Board

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

**OR**

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10-15-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Brenda B. Potts | Thomas M. Potts |
| Signature (Required) | Signature (Required) |
| 2627 Buffalo Lake Rd | 2627 Buffalo Lake Rd |
| Street Address (Required) | Street Address (Required) |
| Sanford, N.C 27332 | Sanford NC 27332 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-15-18 Date | 10-15-2018 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RANDY LEE JOHNSON
10008 NC 41 HWY E
HARRELLS, NC 28444

UNA - BLADEN COUNTY

[redacted]

Boa

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to

[redacted]

10008 NC Hwy 41E Harrells, NC 28444
Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] of the *Witnesses'*

10-22-18
Date

[redacted]
Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Jessica H Butler | Patty Lyra Mote |
| Signature (Required) | Signature (Required) |
| 10008 NC Hwy 41E | 10008 NC Hwy 41E |
| Street Address (Required) | Street Address (Required) |
| Harrells, NC, 28444 | Harrells NC |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-22-18 Date | 28444 10-22-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LAURA VIRGINIA GRIMES
44 HOLIDAY RESORT LN
WHITE LAKE, NC 28337

UNA - BLADEN COUNTY

[redacted]

Boar[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] of the *Witnesses'*

11/5/18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Jerrell Driggers | Robert Driggers |
| Signature (Required) | Signature (Required) |
| 140 NC 53 Hwy W. | 140 NC 53 Hwy W |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown, N.C. | Elizabethtown, N.C. |
| City, State and Zip (Required) 28337 | City, State and Zip (Required) 28337 |
| 11-05-18 Date | 11-05-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LINDA GAIL MERRITT
11719 US 701 HWY N
GARLAND, NC 28441

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] of the *Witnesses'*

[redacted] 9-30-18
Date

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| | |
| Signature (Required) [redacted] | Signature (Required) Larry W Johnson |
| Street Address (Required) 11719 Hwy 701 North | Street Address (Required) 11719 Hwy 701 N |
| City, State and Zip (Required) Garland 28441 | City, State and Zip (Required) Garland 28441 |
| Date Sep 30, 2018 | Date 9-30-18 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CAROLYN ANN LEWIS
8887 NC 41 HWY E
HARRELLS, NC 28444

REP - BLADEN COUNTY

[redacted]

Boar[redacted]

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted]

[redacted]

8887 Hwy 41 E Harrells N.C 28444
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] the *Witnesses'*

[redacted] 10-22-18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 9597 Hwy 41 East | 5557 Hwy 41 East |
| Street Address (Required) | Street Address (Required) |
| Harrells NC 28444 | Harrells NC 28444 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-22-18 | 10-22-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;

**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CHARLES LEE LEWIS SR
888 NC 41 HWY E
HARRELLS, NC 28444

DEM - BLADEN COUNTY

[redacted]

Boa

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted] ballots.)

[redacted]
Signature of Voter (if applicable)

9552 Hwy 41 E Harrells NC 28444
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] **Option 2** of the *Witnesses'*

10-22-14
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 9552 Hwy 41 EAST | 9597 Hwy 41 East |
| Street Address (Required) | Street Address (Required) |
| City, State and Zip (Required) HARRELLS NC 28444 10-22-14 Date | City, State and Zip (Required) Harrells NC 10-22-14 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 105-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

KAREN AUTRY MCPHAIL
195 HICKORY HILL DR
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Boar

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] of the *Witnesses' Ce*

X [redacted] 10-15-18
Sig Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Thomas M. Potts | Brenda B. Potts |
| Signature (Required) | Signature (Required) |
| 2627 Buffalo Lake Rd | 2627 Buffalo Lake Rd |
| Street Address (Required) | Street Address (Required) |
| Sanford NC 27332 | Sanford, NC 27332 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-15-2018 | 10-15-2018 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;

**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or is a campaign manager or treasurer for any candidate or political party.

RECEIVED

NOV 06 2018

TIME _____ REC'D BY

BLADEN CO. BD. OF ELECTIONS

CAROL DIANE STARKLOFF
2206 FIRST AVE
ELIZABETHTOWN, NC 28337

REP - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] of the *Witnesses'*

[redacted] 11/6/2018
Name Correction (if applicable) Date

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 340 HAYFIELD ST. | 340 Hayfield Street |
| Street Address (Required) | Street Address (Required) |
| ELIZABETHTOWN NC 28337 | Elizabethtown, NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 11/6/18 Date | 11/6/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MICHAEL RAY STALLINGS
1341 JOYCE ST
ELIZABETHTOWN, NC 28337

REP - BLADEN COUNTY

[redacted]

Boa

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that [redacted] y other gible to

P.O Box 1294 (1341 Joyce St.
Address where application and ballots should be mailed
Elizabethtown N.C 28337

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] of the *Witnesses'* C

[redacted] 10-29-18
S Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Mik [illegible] | Karen W Scott |
| Signature (Required) | Signature (Required) |
| 25 Johnson St | 25 Johnson St |
| Street Address (Required) | Street Address (Required) |
| White Lake NC. 28337 | White Lake NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/29/18 Date | 10/29/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED
OCT 22 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

ANN C WARNER
392 TURTLE COVE DR
WHITE LAKE, NC 28337

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 9-26-2018
Signature Date

Name

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Anita Edge | Joy Bass |
| Signature (Required) | Signature (Required) |
| 2202 First Ave | 904 Harrelson Rd |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Clarkton |
| City, State and Zip (Required) 9/24/18 Date | City, State and Zip (Required) nc 28433 9/24/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

Brought in By Parent

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

EVAN RAY BRITT
145 ED SESSOMS RD
CLARKTON, NC 28433

UNA - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary mu[redacted]plete **Option 2** of the *Witnesses' Certification*)

[redacted] 9/28/18
Date

Name correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Billy Ray Britt | Wanda Lee Britt |
| Signature (Required) | Signature (Required) |
| 145 Ed Sessoms | 145 Ed Sessoms Rd |
| Street Address (Required) | Street Address (Required) |
| Clarkton NC | Clarkton NC 28433 |
| City, State and Zip (Required) 28433 | City, State and Zip (Required) |
| 9-28-18 Date | 9-28-2018 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;

**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED

NOV 06 2018

KYLE LEE STARKLOFF
340 HAYFIELD ST
ELIZABETHTOWN, NC 28337

TIME _____ REC'D BY
BLADEN CO. BD. OF ELECTIONS

UNA - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered in an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] **Option 2** of the *Witnesses'*

[redacted] 11/6/18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Kelly Hayes Starkloff | Carol Dawn Starkloff |
| Signature (Required) | Signature (Required) |
| 340 Hayfield St. | 2206 FIRST AVE. |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown, NC 28337 | ELIZABETHTOWN, NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 11/6/18 | 11/6/2018 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED
NOV 06 2018
BLADEN CO. BD. OF ELECTIONS

KELLY HAYES STARKLOFF
340 HAYFIELD ST
ELIZABETHTOWN, NC 28337

TIME 4pm RECD BY

UNA - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 11/6/18
Date

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Kyle Lee Starkloff | Carol Duncan Starkloff |
| Signature (Required) | Signature (Required) |
| 340 Hayfield Street | 2206 FIRST AVE. |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown, NC 28337 | ELIZABETHTOWN, NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 11/6/18 Date | 11/6/2018 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DEBORAH SMITH DAVIS
1563 TAR HEEL RD
TAR HEEL, NC 28392

UNA - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ [redacted] the *Witnesses'*

10/10/18
Date

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Kelly Hendrix | [signature] |
| Signature (Required) | Signature (Required) |
| 1368 Tar Heel Rd. | 508 Chestnut St |
| Street Address (Required) | Street Address (Required) |
| Tar Heel NC 28392 | Bladenboro NC |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/10/18 Date | 10/10/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

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KENDALL HEDGEPETH GUNTHER
1190 BLADEN UNION CHURCH RD
FAYETTEVILLE, NC 28306

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted] eligible to

[redacted]

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10-27-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

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| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 1190 Bladen Union Church Rd | 1391 Bladen Union Church Rd |
| Street Address (Required) | Street Address (Required) |
| Fayetteville NC 28306 | Fayetteville, NC 28306 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-27-18 | 10-27-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

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RICKY LEE DAVIS
1525 TAR HEEL RD
TAR HEEL, NC 28392

REP - BLADEN COUNTY

[redacted]

Boa[redacted]

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Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

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OR

☐ [redacted] 2 of the *Witnesses'*

10/10/18
Date

Name Correction (if applicable)

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Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

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| Witness #1 | Witness #2 |
|---|---|
| Kelley Hendrix | [redacted] |
| Signature (Required) | Signature (Required) |
| 1568 Tar Heel Rd. | 500 Chestnut St |
| Street Address (Required) | Street Address (Required) |
| Tar Heel NC 28392 | Bladenboro NC |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/10/18 | 10/10/18 |
| Date | Date |

**Option 2: Notary Public as Witness**
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COUNTY OF _____ SEAL

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RONNIE DAVIS
1568 TAR HEEL RD
TAR HEEL, NC 28392

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
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_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

## Voter's Certification (Required)

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 9/28/18
Date

_____
Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

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| Witness #1 | Witness #2 |
|---|---|
| Kelley Hendrix | James R Singletary |
| Signature (Required) | Signature (Required) |
| 1568 Tar Heel Rd. | 216 WEBBS FAULK RD |
| Street Address (Required) | Street Address (Required) |
| Tar Heel NC 28392 | BLADENBORO NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 9/28/18 Date | 9-28-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

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JANE WILSON SMITH
1525 TAR HEEL RD
TAR HEEL, NC 28392

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
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[redacted]

Address where application and ballots should be mailed

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I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 9-28-A

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Kelly Hendrix | James R Smith |
| Signature (Required) | Signature (Required) |
| 5660 Tar Heel Rd. | 716 WEBB FAULKNER |
| Street Address (Required) | Street Address (Required) |
| Tar Heel NC 28392 | BLADENBORO, NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 9/26/18 | 9-28-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;

**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DONNA FAYE WARD
1568 TAR HEEL RD
TAR HEEL, NC 28392

REP - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 9/28/18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Kelley Hendrix | James R Swinson |
| Signature (Required) | Signature (Required) |
| 1568 Tar Heel Rd. | 1216 WEBB FALK RD |
| Street Address (Required) | Street Address (Required) |
| Tar Heel NC 28392 | BLADENBORO, NC 28320 |
| City, State and Zip (Required) 9/28/18 Date | City, State and Zip (Required) 9-28-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JAMES GLENN WILKINS
82 MAIN ST
TAR HEEL, NC 28392

DEM - BLADEN COUNTY

[redacted]

Bo

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 10-7-18
Date

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Kelly Hendrix | Lisa Britt |
| Signature (Required) | Signature (Required) |
| 1568 ~~Tar~~ Heel Rd. | 313 Pecan St 3F |
| Street Address (Required) | Street Address (Required) |
| Tar Heel NC 28392 | Bladenboro, NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/7/18 Date | 10-7-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

WILLIAM JORDAN SEWARD
1123 NC 20 HWY
ST. PAULS, NC 28384

REP - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certif*

X [redacted] 10-11-18
Signat Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Ronald E. Hall | Ellen Hall |
| Signature (Required) | Signature (Required) |
| 1123 NC Hwy 20E | 1123 NC Hwy 20 E |
| Street Address (Required) | Street Address (Required) |
| TAR HEEL, NC 28392 | Tar Heel, NC 28392 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-11-18 Date | 10-11-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JONATHAN CHARLES GUNTHER
1190 BLADEN UNION CHURCH RD
FAYETTEVILLE, NC 28306

REP - BLADEN COUNTY

[redacted]

Boa

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

[redacted]

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10-27-18
Signature (Required) Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Kendall Gunther | Lisa Davis |
| Signature (Required) | Signature (Required) |
| 1190 Bladen Union Church Rd | 1349 Bladen Union Church Rd |
| Street Address (Required) | Street Address (Required) |
| Fayetteville NC 28306 | Fayetteville NC 28306 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-27-18 | 10-27-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 108-30]*

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

Brought in By Voter

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;

**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BILLY RAY BRITT
145 ED SESSOMS RD
CLARKTON, NC 28433

REP - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted]

X
Sig

Na

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Billy Ray Britt | Wanda Lee Britt |
| Signature (Required) | Signature (Required) |
| 57 Ed Sessoms Rd | 145 Ed Sessoms Rd |
| Street Address (Required) | Street Address (Required) |
| Clarkton NC 28433 | Clarkton NC 28433 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 9/28/18 | 9/28/2018 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

GRAHAM TYLER BRITT
145 ED SESSOMS RD
CLARKTON, NC 28433

UNA - BLADEN COUNTY

[redacted]

Boa

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted].)

[redacted]

145 Ed Sessoms Rd. Clarkton, NC
Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10/4/18
Sign. Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Wanda Britt | Billy Ray Britt |
| Signature (Required) | Signature (Required) |
| 145 Ed Sessoms Rd | 145 Ed Sessoms Rd |
| Street Address (Required) | Street Address (Required) |
| Clarkton NC 28433 | Clarkton NC 28433 |
| City, State and Zip (Required) 10/25/18 Date | City, State and Zip (Required) 10/25/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**
**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

EDNA GRAY HESTER
1586 HORSESHOE RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] the *Witnesses'* C

X [redacted] 11-3-18
Si Date

Na

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Heather Williams | Bonnie Thompson |
| Signature (Required) | Signature (Required) |
| 2005 Horseshoe Rd. | 2005 Horseshoe Rd |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | Bladenboro N.C. 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 11/3/18 Date | 11-3-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JUSTIN A NORRIS
1106 BULLARD ST
ELIZABETHTOWN, NC 28337

UNA - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10/16/18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| J Tyler | Jane W. Dyler |
| Signature (Required) | Signature (Required) |
| 110 N. Newton St | 1106 Bullard St. |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC | Elizabethtown, N.C. |
| City, State and Zip (Required) 28337 10/16/18 Date | City, State and Zip (Required) 28337 10-16-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BONNIE MAE WEST
1538 HORSESHOE RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

**Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

**Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10/5/18
Signature Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 171 Windmill Way | 1538 Horseshoe Rd |
| Street Address (Required) | Street Address (Required) |
| Clarkton, NC 28433 | Bladenboro, N.C. 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/5/18 Date | 10/5/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ANITA CARSON EDGE
2202 FIRST AVE
ELIZABETHTOWN, NC 28337

UNA - BLADEN COUNTY

[redacted]

Bo[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' C*[redacted]

X [redacted] 10/4/18
Signature Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Kathryn K Edge | Marcus W. Edge |
| Signature (Required) | Signature (Required) |
| 33 Morganwood Estates | 33 Morganwood Est. |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown, NC 28337 | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-4-18 | 10-4-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JASPER WAYNE EDGE
2202 FIRST AVE
ELIZABETHTOWN, NC 28337

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☑ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted]s.)

[redacted]

2202 First Ave Elizabethtown 28337
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 10-4-18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Kathryn K. Edge | Marcus W. E |
| Signature (Required) | Signature (Required) |
| 33 Morgan Wood Estates | 33 Morganwood Est |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown, NC 28337 | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-4-18 Date | 10-4-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;

**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

KATHRYN KING EDGE
33 MORGANWOOD ESTATES DR
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Bo[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

NO Contact info - GPW

**Voter's Certificati**

I am applying for an a[redacted] regis-
tered as an affiliate o[redacted] lication
• All information repres[redacted] entitled
to vote in this election[redacted] rimary
election, I am voting[redacted] ached
label • If the party indic[redacted] ballot.

I further certify that I m[redacted] ed for
me according to my ins[redacted] or.

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a r[redacted] n 2 of the *Witnesses'* Ce[redacted]

X [redacted] 10-4-18
Sig[redacted] Date

Nar[redacted]

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Anita C. Edge | Marcus W. E[illegible] |
| Signature (Required) | Signature (Required) |
| 2202 First Ave | 33 Morganwood Est |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Elizabethtown NC 28337 |
| City, State and Zip (Required) 10/4/18 Date | City, State and Zip (Required) 10/4/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**...y or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**
...didate, UNLESS the candidate is the voter's near relative;
...**e patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that ... individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political ...ganization, or who is a campaign manager or treasurer for any candidate or political party.

MARCUS WAYNE EDGE
33 MORGANWOOD ESTATES DR
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Boa...

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 10/4/18
Date

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Anita C. Edge | Kathryn K. Edge |
| Signature (Required) | Signature (Required) |
| 2202 First Ave | 33 Morgan Wood Estate |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown, NC 28337 | Elizabethtown, NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/4/18 Date | 10-4-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

VIRGINIA SNYDER HAYES
125 HARRELSON RD
CLARKTON, NC 28433

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10-25-2018
Sig Date

_____
Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| James M. Hayes | Dustin J. Hayes |
| Signature (Required) | Signature (Required) |
| 125 Harrelson Road | 125 Harrelson Road |
| Street Address (Required) | Street Address (Required) |
| Clarkton, NC 28433 | Clarkton, NC 28433 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-25-18 | 10-25-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BLADEN CO. BD. OF ELECTIONS
RECEIVED
NOV 05 2018

WILLIAM CARROLL GILLELAND
32 WOMACK WAY
WHITE LAKE, NC 28337

UNA - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 11-2-2018

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Dianne Gilleland | [illegible] |
| Signature (Required) | Signature (Required) |
| 89 Womack Way | [illegible] |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown, NC | Elizabethtown NC |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 11-2-18 | 11-2-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DON JACOBS
49 WOMACK WAY
WHITE LAKE, NC 28337

OCT 2

TIME _____ RECD BLADEN CO. BD.

DEM - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is ca
I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

RECD BY

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] plete **Option 2** of the *Witnesses'*

10/25/18
Date

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| | |
| Signature (Required) | Signature (Required) |
| Street Address (Required) | Street Address (Required) |
| City, State and Zip (Required) | City, State and Zip (Required) |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the 25 day of October, 20 18, the Voter: Don Jacobs personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application and certificate. [G.S. § 10B-30].*

STATE OF NC
COUNTY OF Robeson

MY COMM EXP S

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED
OCT 27 2018

PAULETTE WILDS
209 MERCER MILL RD # 2L
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Board approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

**Voter's Certification (Required)** TIME _____ RECD BY _____
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] esses' 10/25/18

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Sandra Griggs — Name of Assistant
1813 Vine St Elizabethtown NC 28337 — Address of Assistant
X [signature] — Signature of Assistant
10-25-18 — Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| [signature] | [signature] |
| Signature (Required) | Signature (Required) |
| 1813 Vine St | 108 Lewis DR |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-25-18 | 10/25/18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

_____ _____
Notary Public — Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. Code.**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of the facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CHARLES THOMAS WHITFIELD
10759 S COLLEGE ST # 1E
CLARKTON, NC 28433

DEM - BLADEN COUNTY

[redacted]

Board approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10-2-18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| DEBORAH MONROE | [signature] |
| Signature (Required) | Signature (Required) |
| 61 Clyde Hatcher Rd | 1818 Veir St. |
| Street Address (Required) | Street Address (Required) |
| Council NC 28434 | Elizabethtown NC 28337 |
| City, State and Zip (Required) 10-2-18 Date | City, State and Zip (Required) 10-2-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
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SHIRL WELDON
10759 S COLLEGE ST # 1A
CLARKTON, NC 28433

DEM - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] of the *Witnesses'*

10-9-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| DEBORAH MONROE | Lola Wooten |
| Signature (Required) | Signature (Required) |
| 81 Clyde Hatcher Rd | 1084 Lewis DR |
| Street Address (Required) | Street Address (Required) |
| Council NC 28434 | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-9-18 | 10/9/18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;

**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SHAMEEKA YVONNE WASHINGTON
204 WRIGHT ST # 11
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted]pts.)

[redacted]

204 wright Street apt 11 Elizabethtown NC 28337
Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10-24-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Michael Currie | Rodrecus L. Lowe |
| Signature (Required) | Signature (Required) |
| 27 Ed Burney Road | 204 Wright St., 11B |
| Street Address (Required) | Street Address (Required) |
| Clarkton, NC, 28433 | Elizabethtown, NC, 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-24-18 | 10-24-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 108-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

NANCY WEST TYNDALL
171 WINDMILL WAY
CLARKTON, NC 28433

UNA - BLADEN COUNTY

[redacted]

Bod

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10/1/18
Sign ate

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 1538 Horseshoe Road | 1538 Horseshoe Road |
| Street Address (Required) | Street Address (Required) |
| 28320 | Bladenboro, NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| Bladenboro NC 10/1/18 Date | 10/1/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CAROLINE LYNETTE SMITH-RICH
204 WRIGHT ST # A5
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] of the *Witnesses'* C

Si [redacted] 10/3/18 Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

DEBORAH MONROE
Name of Assistant Address of Assistant

x Deborah Monroe 10-3-18
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| DEBORAH MONROE | [illegible] |
| Signature (Required) | Signature (Required) |
| 61 Clyde Hatcher Rd | 1813 Vine St |
| Street Address (Required) | Street Address (Required) |
| Council NC. 28434 | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-3-18 Date | 10-3-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LOVAN SHIELDS SIMPSON
209 MERCER MILL RD # 2H
ELIZABETHTOWN, NC 28337

UNA - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] on 2 of the *Witnesses'* C

X [redacted] 10/2/18
Signature Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| DEBORAH MONROE | Lola W. Worley |
| Signature (Required) | Signature (Required) |
| 610 Hyde Hatcher Rd | 108 Lewis Dr |
| Street Address (Required) | Street Address (Required) |
| Council NC. 28434 | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-1-18 | 10/2/18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;

**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SHANITA ANNETTE SHIPMAN
1605 MARTIN LUTHER KING DR
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted]

X [redacted]
Signature Date

_____
Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Lola Wooten | [illegible] |
| Signature (Required) | Signature (Required) |
| 108 Lewis DR | 1813 Vine St. |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/4/18 | 10-9-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

KATHERINE BAIN TAYLOR
2105 SECOND AVE
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

[redacted] 2 of the *Witnesses'*

10/10/18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Katherine Elizabeth Priest | Bell Priest |
| Signature (Required) | Signature (Required) |
| 307 Keith Ave | 307 Keith Ave |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Elizabethtown NC 283 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-10-18 | 10-10-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CHANTEL ANGEL SHAW
204 WRIGHT ST # A1
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

[redacted]
Signature of Voter (if applicable)

204 Wright Street Unit A1
Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 9/26/18
Signature Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

David J Lozano 64 Randys Way
Name of Assistant Address of Assistant

x David J. Lozano
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| David J. Lozano | Brenda Lozano |
| Signature (Required) | Signature (Required) |
| 64 Randys Way | 64 Randy's Way |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Elizabethtown, NC. 28337 |
| City, State and Zip (Required) 9/26/18 Date | City, State and Zip (Required) 9/26/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RONDRECUS MONTELLE ROUSE
204 WRIGHT ST # 11B
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

[redacted]

204 Wright St. 11B Elizabethtown, NC, 28337
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' C*[redacted]

X [redacted] 10-24-18
Signature Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Michael Currie | Shamerka Wright |
| Signature (Required) | Signature (Required) |
| 27 Ed Burney Road | 204 Wright Street apt 11 |
| Street Address (Required) | Street Address (Required) |
| Clarkton, NC 28433 | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-24-18 Date | 10-24-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ANGELINE GAIL ROGERS
911 MARTIN LUTHER KING DR
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted]

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Lola Wooten — 108 Lewis DR
Name of Assistant — Address of Assistant

x Lola Wooten — 10/3/18
Signature of Assistant — Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| DEBORAH MONROE | Lola Wooten |
| Signature (Required) | Signature (Required) |
| 61 Clyde Hatcher Rd | 108 Lewis DR |
| Street Address (Required) | Street Address (Required) |
| Carver NC 28434 | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-3-18 Date | 10/3/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public — Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SHIRLEY REGINA RICHARDSON
210 COUNCIL AND RICHARDSON DR
TAR HEEL, NC 28392

DEM - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ [redacted] nesses'

10-10-18

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

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| Witness #1 | Witness #2 |
|---|---|
| Lola Wooten | Sandra Lewis |
| Signature (Required) | Signature (Required) |
| 108 Lewis DR | 1813 Lisa St. |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/10/18 Date | 10-10-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

FREDERICK MONTRELL RICHARDSON
210 COUNCIL AND RICHARDSON DR
TAR HEEL, NC 28392

DEM - BLADEN COUNTY

[redacted]

Board approval Date

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10-10-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| DEBORAH MONROE | Shirley Richardson |
| Signature (Required) | Signature (Required) |
| 81 Clyde Hatcher Rd | 210 Council-Richardson |
| Street Address (Required) | Street Address (Required) |
| Council NC 28434 | Tar Heel N.C. 28392 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| Date | 10-10-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

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FREDERICK LEON RICHARDSON
210 COUNCIL AND RICHARDSON DR
TAR HEEL, NC 28392

DEM - BLADEN COUNTY

[redacted]

Board Approval Date

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10-10-18
Signature Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

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| Witness #1 | Witness #2 |
|---|---|
| DEBORAH MOORE | Shirley Richardson |
| Signature (Required) | Signature (Required) |
| 81 Clyde Hatcher Rd | 210 council - Richardson Dr |
| Street Address (Required) | Street Address (Required) |
| Council NC 28434 | Tar Heel N.C. 28392 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-10-18 | 10-10-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

THOMASINA COVIEGTON PRIDGEN
10759 S COLLEGE ST # 2C
CLARKTON, NC 28433

DEM - BLADEN COUNTY

[redacted]

Boa[redacted] Date

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☒ a notary public (the notary must complete **Option 2** of the *Witnesses'* [redacted]

[redacted] 10-10-18 Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| | |
| Signature (Required) | Signature (Required) |
| Street Address (Required) | Street Address (Required) |
| City, State and Zip (Required) | City, State and Zip (Required) |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the 10 day of October, 20 18 the Voter: Thomasina Pridgen personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 163-30]*

STATE OF North Carolina
COUNTY OF Bladen

Notary Public Commission Expiration Date

BLADEN COUNTY NOTARY PUBLIC

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CLIFTON PRIDGEN
10759 S COLLEGE ST # 2K
CLARKTON, NC 28433

DEM - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'* C

[redacted] 10-2-18
Date

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| DEBORAH MOORE | Sandra Hunter |
| Signature (Required) | Signature (Required) |
| 91 Clyde Hatcher Rd | 1813 Main St. |
| Street Address (Required) | Street Address (Required) |
| Council NC 28434 | Elizabethtown NC 28337 |
| City, State and Zip (Required) 10-2-18 Date | City, State and Zip (Required) 10-2-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JAMES MELVIN POWELL
10759 S COLLEGE ST # 2G
CLARKTON, NC 28433

DEM - BLADEN COUNTY

[redacted]

Bo[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] **on 2** of the *Witnesses'*

10-2-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| [redacted] | [redacted] |
| Signature (Required) | Signature (Required) |
| 108 Lewis DR | 1813 Vine St. |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-2-18 Date | 10-2-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

KEITH E MOULTRIE
810 JAMES ST
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Boar[redacted]

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted]ts.)

[redacted]
Signature of Voter (if applicable)

P.O. Box 1002
Address where application and ballots should be mailed

Elizabethtown, N.C. 28337

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' C[redacted]*

[redacted] 10-9-18
Si[redacted] Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Cornell W. Barnwell | Arthur Owens |
| Signature (Required) | Signature (Required) |
| 312 Mercy St. | 320 Mercy St. |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown, N.C. 28337 | Elizabethtown, N.C. 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| Date 10-9-18 | Date 10-9-18 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;

**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SELENA L MCKOY
1209 MARTIN LUTHER KING DR
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] of the *Witnesses' Ce[redacted]*

X [redacted] 10-3-18
Sig[redacted] Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

DEBORAH MONROE
Name of Assistant Address of Assistant

X Deborah monroe
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Lola Norton | DEBORAH MONROE |
| Signature (Required) | Signature (Required) |
| 108 Lewis Dr | 81 Clyde Hatcher Rd |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Council NC 28434 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/3/18 Date | 10-3-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

PEARLIE RIGANS MCKOY
218 BURDEN RD
TAR HEEL, NC 28392

DEM - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] **n 2** of the *Witnesses'*

10/25/18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Lola Wooten | Randy Leach |
| Signature (Required) | Signature (Required) |
| 108 Lewis Dr | 348 Burden Rd |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Tar Heel NC. 28392 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/25/18 Date | 10/25/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;

**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JAVON MCKIVER
658 AVENUE AVE
WHITE OAK, NC 28399

DEM - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

☐ [redacted] **n 2** of the *Witnesses'*

Date

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Mary G. McKiver | Nautwan McLaurin |
| Signature (Required) | Signature (Required) |
| 658 Ave Rd | 658 Avenue Rd |
| Street Address (Required) | Street Address (Required) |
| White Oak N.C. | White Oak NC, 28399 |
| City, State and Zip (Required) 28399 | City, State and Zip (Required) |
| 10/09/18 Date | 10/09/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ROBERT L MCDOWELL
615 BROWNS CREEK CHURCH RD
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Bo[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] of the *Witnesses'*

10/4/18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Lola Wooten
Name of Assistant — Address of Assistant

x Lola Wooten 10/4/18
Signature of Assistant — Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Lola Wooten | Sandra Gunn |
| Signature (Required) | Signature (Required) |
| 108 Lewis DR | 1813 Vine St. |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Elizabethtown NC 28337 |
| City, State and Zip (Required) 10/4/18 Date | City, State and Zip (Required) 10-4-2018 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____

SEAL

Notary Public — Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MARGARET ANN MCDOWELL
320 BROWNS CREEK CHURCH RD
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted]

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Lola Wooten | DEBORAH MOORE |
| Signature (Required) | Signature (Required) |
| 1088 Hewits Bridge Town | 91 Cedar Hatcher Rd |
| Street Address (Required) | Street Address (Required) |
| E'Wabethtown NC 28337 | Council NC 28434 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/3/18 | 10-3-16 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

GAYLE MCALLISTER
44 GEORGE W KELLY RD
CLARKTON, NC 28433

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10-5-18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| DEBORAH MONROE | Lola Wooten |
| Signature (Required) | Signature (Required) |
| 81 Clyde Hatcher Rd | 108 Lewis DR |
| Street Address (Required) | Street Address (Required) |
| Council N.C. 28434 | Elizabethtown NC 28337 |
| City, State and Zip (Required) 10-5-18 Date | City, State and Zip (Required) 10/5/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CASANDRA DENISE MCALLISTER
44 GEORGE W KELLY RD
CLARKTON, NC 28433

DEM - BLADEN COUNTY

[redacted]

Boar

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

**OR**

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted]

Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| DEBORAH MONROE | Sandra Gunn |
| Signature (Required) | Signature (Required) |
| 91 Clyde Hatcher Rd | 1813 Vine St. |
| Street Address (Required) | Street Address (Required) |
| Council N.C. 28434 | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| Date | 10-3-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BOBBY W MCALLISTER
44 GEORGE W KELLY RD
CLARKTON, NC 28433

DEM - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 10-5-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| DEBORAH MONROE | Lola Waters |
| Signature (Required) | Signature (Required) |
| 91 Cride Hatchet Rd | 108 Lewis Dr |
| Street Address (Required) | Street Address (Required) |
| Council NC 28434 | Elizabethtown NC 28337 |
| City, State and Zip (Required) 10-5-18 Date | City, State and Zip (Required) 10/5/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CLARA MCKOY MAULTSBY
305 SWANZY RIDGE WAY # 103
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted]

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Lola Wood | DEBORAH MONROE |
| Signature (Required) | Signature (Required) |
| 108 Lewis DR | 81 Clyde Hatcher Rd |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Council N.C. 28434 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/4/18 Date | 10-4-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

STACY LEE LEWIS JR
320 BROWNS CREEK CHURCH RD
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

☐ [redacted] ion 2 of the *Witnesses'*

10-1-18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 1813 Vine St. | 108 Lewis DR |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-1-18 Date | 10/1/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DAVID LEWIS JR
404 QUAIL ST
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Boar

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10-1-18
Signature Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 108 Lewis DR | 1813 Vera St |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/1/18 Date | 10-1-2018 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CLEO LEWIS
1204 LEWIS ST
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10-1-18
Signature Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Lola Wooten | DEBORAH MONROE |
| Signature (Required) | Signature (Required) |
| 108 Lewis Dr | 81 Clyde Hatcher Rd |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Council NC 28434 |
| City, State and Zip (Required) 10/1/18 Date | City, State and Zip (Required) 10-1-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

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NCSBE v2018.02

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ELIZABETH HILL
10759 S COLLEGE ST # 2F
CLARKTON, NC 28433

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted]

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Lola Wooten | DEBORAH MONROE |
| Signature (Required) | Signature (Required) |
| 108 Lewis DR | 81 Clyde Hatcher Rd |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Council N.C. 28434 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-2-18 Date | 10-2-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

PAMELA VENEER HENRY
282 MCADAM DR
ELIZABETHTOWN, NC 28337

UNA - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 10-01-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

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| Witness #1 | Witness #2 |
|---|---|
| Lda Wooten | DEBORAH Monroe |
| Signature (Required) | Signature (Required) |
| 108 Lewis DR | 91 Clyde Hatchet Rd |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Council NC 28434 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/1/18 Date | 10-1-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

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STATE OF _____

COUNTY OF _____ SEAL

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VANESSA DENISE HALL
803 WILLIAMS ST
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

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OR

☐ a [redacted] **Option 2** of the *Witnesses' C*

X [redacted] 10/3/18
Signature Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

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| Witness #1 | Witness #2 |
|---|---|
| Sandra Green | Lola Watts |
| Signature (Required) | Signature (Required) |
| 1813 Vine St | 10 Hawks Dr 1 |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Elizabethtown NC 28337 |
| City, State and Zip (Required) 10-3-18 Date | City, State and Zip (Required) 10/3/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

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STATE OF _____

COUNTY OF _____ SEAL

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PRECIOUS NICOLE HALL
372 BROWNS CREEK CHURCH RD
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

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In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Signature of Voter (if applicable)

Address where application and ballots should be mailed

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I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

☐ a [redacted] **Option 2** of the *Witnesses' Ce[redacted]*

X [redacted] 10/3/18
Sig[redacted] Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Precious Hall P.H | Sandra Glenn |
| Signature (Required) | Signature (Required) |
| 372 Browns Creek Ch. Rd | 1813 Vine St |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown, NC 28337 | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/3/18 Date | 10-3-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LEDELL GRAHAM SR
2188 US 701 HWY N
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Boar[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10-6-18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Deborah Graham | Ledell S. Graham |
| Signature (Required) | Signature (Required) |
| 2188 Hwy 701 N | 2188 Hwy 701 N |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Elizabethtown, NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-6-18 Date | 10-6-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DOLLIE JEAN HALL GILLESPIE
372 BROWNS CREEK CHURCH RD
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted]

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| Street Address (Required) | Street Address (Required) |
| City, State and Zip (Required) | City, State and Zip (Required) |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JAMES ROBERT GILL JR
205 E GILL ST
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Bo[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ ~~two~~ (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 10-13-18

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 614 Sonrill St | 205 E Gill St |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown, NC | Elizabethtown, NC 28337 |
| City, State and Zip (Required) 28337 | City, State and Zip (Required) |
| Date 10/13/2018 | Date 10/13/2018 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

PATSY ANN EDGE
209 MERCER MILL RD # 25
ELIZABETHTOWN, NC 28337

REP - BLADEN COUNTY

[redacted]

Boa

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted] le ballots.)

[redacted]
Signature of Voter (if applicable)

22 Janie Lane Elizabeth
Address where application and ballots should be mailed

Elizabeth NC 28337

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] mplete **Option 2** of the *Witnesses'*

10-27-18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Bobby Robinson | Patricia Owens |
| Signature (Required) | Signature (Required) |
| 22 Janie Lane | 320 Mercer St |
| Street Address (Required) | Street Address (Required) |
| Elizabeth NC | Elizabethtown, NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| Date 10-27-18 | Date 10-27-18 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BLANCHIE CLEMMONS
1209 MARTIN LUTHER KING DR
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 9/1/18
Signature Date

_____
Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Lola Worley | DEBORAH MONROE |
| Signature (Required) | Signature (Required) |
| 108 Lewis DR | 81 Clyde Hatcher Rd |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Council NC. 28434 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/1/18 Date | 10-1-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;

**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BENJAMIN BALLARD
504 QUAIL ST
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 10/4/18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Lola Wooten
Name of Assistant — Address of Assistant

x Lola Wooten 10/4/18
Signature of Assistant — Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Sarah Burris | Lola Wooten |
| Signature (Required) | Signature (Required) |
| 813 Vera St. | 108 Lewis Dr |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-4-2018 Date | 10/4/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public — Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

WALLIA L CLEMMONS
229 BLUE MOON DR
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Board Approval Date

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

[redacted]
Signature of Voter (if applicable)

P.O. Box 1524
Address where application and ballots should be mailed
ELIZABETHTOWN, N.C. 28337

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 10-11-18
Signature Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Arthur Owens | Carnell W. Barnwell |
| Signature (Required) | Signature (Required) |
| 320 McNeg St. | 312 McNeg St. |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown. N.C. | Elizabethtown. N.C. |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 28337 10-11-18 | 28337 10-11-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;

**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CRYSTAL LAVON CRUMB
62 MCADAM DR
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10-27-18
Sig Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 1813 Vine St | 102 Lewis DR |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-27-18 Date | 10/27/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LEO THOMAS CROMARTIE
78 POMPIE RD
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10-26-18
Signature Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Cynthia Cromartie | Bernadette Wooten Crenshaw |
| Signature (Required) | Signature (Required) |
| 78 Pompie Rd | 78 Pompie Rd. |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Elizabethtown, NC 28337 |
| City, State and Zip (Required) 10/26/18 Date | City, State and Zip (Required) 10/26/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BERNADETTE WOOTEN CROMARTIE
78 POMPIE RD
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10/26/2018
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Leo T. Cromartie | Cynthia Cromartie |
| Signature (Required) | Signature (Required) |
| 78 Pompie Rd | 78 Pompie Rd |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown n.c. 28337 | Elizabethtown NC 28337 |
| City, State and Zip (Required) 10/26/18 Date | City, State and Zip (Required) 10/26/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**
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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

TIMOTHY EUGENE COUNCIL
12437 NC 87 HWY W
TAR HEEL, NC 28392

DEM - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10-9-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| DEBORAH MONROE | Lola M Boles |
| Signature (Required) | Signature (Required) |
| 81 Clyde Hatcher Rd | 108 Lewis Dr |
| Street Address (Required) | Street Address (Required) |
| Council NC 28434 | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-8-18 Date | 10/9/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JOI CASSANDRA BROWN
356 HAPPY VALLEY RD
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Bo

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☑ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted] ible ballots.)

[redacted]

356 Happy Valley Rd Elizabethtown NC 28337
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' C*

[redacted]

X [redacted] 10|26|18
Si Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

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| Witness #1 | Witness #2 |
|---|---|
| Sandra Green | Lola Wooten |
| Signature (Required) | Signature (Required) |
| 1813 Vine St | 108 Lewis DR |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-27-18 | 10/27/18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;

**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JAMES F BALLARD
208 SHORT HILLS DR
TAR HEEL, NC 28392

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 10/4/18

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Lola Wooten — [redacted]
Name of Assistant — Address of Assistant

x Lola Wooten — 10/4/18
Signature of Assistant — Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Sandra Green | Lola Wooten |
| Signature (Required) | Signature (Required) |
| 1813 Vera St. | 108 Lewis DR |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-4-18 Date | 10/4/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public — Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SYLVESTER M CAMPBELL
401 QUAIL ST
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Bo[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'* C[redacted]

[redacted] 10-2-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| DEBORAH MONROE | Lola Wooten |
| Signature (Required) | Signature (Required) |
| 81 Clyde Hatcher Rd | 108 Lewis DR |
| Street Address (Required) | Street Address (Required) |
| Council NC. 28434 | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-2-18 | 10-2-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LUBERTHA LEWIS DRAYTON
38 GEORGE W KELLY RD
CLARKTON, NC 28433

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted]

**Vo[redacted]**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Deborah Monroe | Lola Wheeler |
| Signature (Required) 61 Clyde Whitehead Rd | Signature (Required) 107 Lewis Dr |
| Street Address (Required) Council N.C. 28434 | Street Address (Required) Elizabethtown NC 28337 |
| City, State and Zip (Required) 10-5-18 Date | City, State and Zip (Required) 10/5/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

_____ _____
Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CAISON TiTUS BRITT
985 PLEASANT GROVE CHURCH RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Boa

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted] which I am eligible to [redacted]ible ballots.)

[redacted]
Signature of Voter (if applicable)

250 Brent Lane Pensacola FL 32503
Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Cert*[redacted]

X [redacted] 10-29-18
Signa Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| [redacted] | [redacted] |
| Signature (Required) | Signature (Required) |
| 414 Eastway Court | 250 Brent Lane |
| Street Address (Required) | Street Address (Required) |
| Howard, OH 43028 | Pensacola, FL, 32503 |
| City, State and Zip (Required) 10/29/18 Date | City, State and Zip (Required) 10/29/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SHELBY BAILEY WALKER
824 LULA LONG RD
EL ZABETHTOWN, NC 28337

LIB - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

[redacted]

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

NCSBE v2018.02

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Delores Jarvis Bloom | Walter Carson Hicks |
| Signature (Required) | Signature (Required) |
| 63 Joy Lane | 824 Lula Long Rd |
| Street Address (Required) | Street Address (Required) |
| Currie, N.C. 28435 | Elizabethtown NC 28337 |
| City, State and Zip (Required) 10-7-18 Date | City, State and Zip (Required) 10-6-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

KELLY N HENDRIX
1568 TAR HEEL RD
TAR HEEL, NC 28392

UNA - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 9/28/18
Signature Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

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| Witness #1 | Witness #2 |
|---|---|
| James R Singletary | Lisa Britt |
| Signature (Required) | Signature (Required) |
| 216 WEBB FAULK RD | 303 Pecan St 3F |
| Street Address (Required) | Street Address (Required) |
| BLADENBORO, NC 28320 | Bladenboro, NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 9-28-18 | 9-28-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JAMES RUDOLPH INMAN
1705 E BROAD ST
ELIZABETHTOWN, NC 28337

UNA - BLADEN COUNTY

[redacted]

☐ **est**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☑ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to partici[redacted]

Signature of Requ[redacted]

PO Box 1011 Elizabethtown
Address where application and ballots should be mailed 28337

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'* [redacted]

[redacted] 10-8-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| PO Box 1630 4922 Mercer Mill Rd | 405 Walking Stick Trail |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Clinton NC 28328 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-8-18 Date | 10-8-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

NELLIE BRYAN DOWLESS
734 PAUL BRISSON RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

**Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

**Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 9-29-18
Date

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) Paul Dowless | Signature (Required) [illegible] |
| Street Address (Required) 634 Paul Brisson Rd | Street Address (Required) [illegible] |
| City, State and Zip (Required) Bladenboro NC 28320 | City, State and Zip (Required) BLADENBORO N.C. 28320 |
| Date 9-29-18 | Date 9-29-2018 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the 29th day of 9 _____, 20 18, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED
OCT 04 2018
TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

PAMELA AVANT BENTON
246 LEE ST
BLADENBORO, NC 28320

DEM - BLADEN COUNTY

[redacted]

☐ **Request for Second Primary**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 10-1-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Curtis Timothy Benton | Benjamin Cody Benton |
| CURTIS TIMOTHY BENTON | |
| Signature (Required) | Signature (Required) |
| 246 LEE ST. | 312 PINE RIDGE CIRCLE |
| Street Address (Required) | Street Address (Required) |
| BLADENBORO, N.C. 28320 | BLADENBORO, N.C. 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-1-18 Date | 10-1-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) a relative who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED
OCT 09 2018
TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

CURTIS TIMOTHY BENTON JR
312 PINE RIDGE CIR
BLADENBORO, NC 28320

DEM - BLADEN COUNTY

[redacted]

**Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

**Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 6OCT18
Signature Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Curtis Timothy Benton | Pamela A. Benton |
| Signature (Required) | Signature (Required) |
| 246 LEE STREET | 246 Lee St. |
| Street Address (Required) | Street Address (Required) |
| BLADENBORO, N.C. 28320 | Bladenboro, NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-6-18 | 10/6/18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____
COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility, (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED
OCT 04 2018
TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

CURTIS TIMOTHY BENTON
246 LEE ST
BLADENBORO, NC 28320

DEM - BLADEN COUNTY

[redacted]

☐ **Second Primary Request** In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability** Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 10-1-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Pamela A. Benton | Benjamin Curtis Benton |
| Signature (Required) | Signature (Required) |
| 246 Lee St. | 312 Pine Ridge Circle |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | Bladenboro, N.C. 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-1-18 | 10-1-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

WANDA KAY CALLIHAN
1860 BERRY LEWIS RD
BLADENBORO, NC 28320

DEM BLADEN COUNTY

[redacted]

10/23/18
mtg.

**Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☑ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to

[redacted]
Signature of Voter (if applicable)

1860 Berry Lewis Rd
Address where application and ballots should be mailed

Bladenboro, NC 28320

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a du
tered as an affiliate of the political party indica
• All information represented on this application i
to vote in this election • If I am an *Unaffiliated* v
election, I am voting in the party primary indi
label • If the party indicated is (UNA), I am votir

I further certify that I marked the enclosed ballo
me according to my instructions) in the presenc

☑ two (2) witnesses who are at least 18 years o
disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10/19/18
Signature of Voter (Required) Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

am at least 18 years old • I am not disqualified from witnessing the ballot as
NARNING on the flap of this envelope • The Voter marked the enclosed ballot in
caused it to be marked in the Voter's presence according to his/her instruction •
this *Absentee Application and Certificate*, or caused it to be signed • I respected
e ballot and the Voter's privacy, unless I assisted the Voter at his/her request
*Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Debra Holt Harris | Lauren Kay Barlow |
| Signature (Required) | Signature (Required) |
| 520 Belhaven Dr. | 520 Belhaven Dr |
| Street Address (Required) | Street Address (Required) |
| Wilmington NC 28411 | Wilmington NC 28411 |
| City, State and Zip (Required) 10/19/18 Date | City, State and Zip (Required) 10/19/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MARY STOCKS BUIE
315 FOREST DR
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted] 20

☐ **quest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted]

9-27-18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Carolyn Ellis | Deborah B Edwards |
| Signature (Required) | Signature (Required) |
| 158 Stepping Stone Ln. | 157 Mildred Bryson Rd |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, N.C. 28320 | Bladenboro NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 9-27-18 Date | 9-27-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

STEPHEN ALEXANDER BUIE
315 FOREST DR
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

**Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

**Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] of the *Witnesses'*

9-27-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Carolyn Ellis | Deborah B. Edwards |
| Signature (Required) | Signature (Required) |
| 158 Stepping Stone Ln. | 157 Heather Brisson Rd |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, N.C. 28320 | Bladenboro NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 9-27-18 | 9-27-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**
**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

GELLA KAY LUDLUM
11314 CENTER RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

☐ **quest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a no[redacted] *Witnesses' Cert[redacted]*

X [redacted] 10-19-2018
Signa[redacted] te

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 11314 Center Road | 3713 Sunset Park Rd |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | Bladenboro, NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/19/2018 Date | 10/19/2018 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED
OCT 05 2018
TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

JOAN PHYLLIS WILLIAMS
16035 NC 242 HWY S
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted]

10-5 2018
Name Correction (if applicable)

☐ **quest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Valeria Peacock McKay | Chadwick J Williams |
| Signature (Required) | Signature (Required) |
| 943 Rice Rd | 542 Bunny Rd. |
| Street Address (Required) | Street Address (Required) |
| Whiteville, NC 28472 | Woodland, NC 27897 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-5-18 Date | 10-5-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**
**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DAVID EARL LUDLUM JR
11314 CENTER RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

☐ **...equest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10/19/2018
Date

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) Stella Kay Ludlum | Signature (Required) Wendy P Hester |
| Street Address (Required) | Street Address (Required) 371 Sunset Park NC |
| City, State and Zip (Required) 10-19-18 | City, State and Zip (Required) Bladenboro NC 28320 |
| Date | Date 10-19-2018 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

OCT 27 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

LUEL MCKEITHAN CAMPBELL
807 FOX ST
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

**uest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to

[redacted]

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not [redacted] y absentee ballot (the *tnesses' Certification*)

[redacted]

**on 2** of the *Witnesses'*

10/21/2018
Date

[redacted]

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Barbara J Campbell | Wendell Campbell |
| Signature (Required) | Signature (Required) |
| 805 Fox St | 807 Fox St |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Elizabethtown, NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/21/2018 | 10/21/2018 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

NATHANIAL PAUL NUCCI
4447 OLD ABBOTTSBURG RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

[redacted]uest

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted]f the *Witnesses'*

10-8-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

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| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| P.O. Box 662 4447 Old Abbottsburg Rd | 4455 Old Abbottsburg rd |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC | Bladenboro NC 28320 |
| City, State and Zip (Required) 28320 | City, State and Zip (Required) |
| 10-8-18 Date | 10/8/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SAMUEL PAUL DOWLESS
2766 TWISTED HICKORY RD
ELIZABETHTOWN, NC 28337

REP - BLADEN COUNTY

[redacted]

**quest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete Option 2 of the *Witnesses'*

[redacted] 10-2-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Hand Delivered By Spouse 10-8-18

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Ginger S. Eason | Lisa Britt |
| Signature (Required) | Signature (Required) |
| 401 Edwards Ave. | 303 Pecan St SE |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, N.C. 28320 | Bladenboro, NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-2-18 | 10-2-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LOUIS DICICCO III
901 VILLAGE ST
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

**quest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☑ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that [redacted] any other eligible to

[redacted]

Signature of Voter (if applicable)

PO BOX 919 Bladenboro NC 28320
Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

☐ [redacted] the *Witnesses'*

9/28/18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter

[redacted]

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| Street Address (Required) 901 Village St | Street Address (Required) 1187 Storms Rd |
| City, State and Zip (Required) Bladenboro NC 28320 | City, State and Zip (Required) Bladenboro N.C 28320 |
| Date 9-28-18 | Date 9-28-18 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**
**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DORIS LEE HAMMONDS
511 J A CARROLL RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

☐ **quest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'* C[redacted]

S[redacted] 10-5-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Ginger S. Eason | Lisa Britt |
| Signature (Required) | Signature (Required) |
| 401 Edwards Ave. | 303 Pecan St 3F |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | Bladenboro, NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-5-18 | 10-5-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RYAN A DEAVER
635 PAUL BRISSON RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

☐ **...uest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Ce...*

X [redacted] 9-27-18
Sig... Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Lisa Britt | James R Singletary |
| Signature (Required) | Signature (Required) |
| 303 Pecan St 3F | 216 WEBB FARM RD |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC 28320 | BLADENBORO, NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 9-27-18 | 9-27-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

Delivered By Voter 9-28

JAMES ROBERT SINGLETARY
216 WEBB FAULK RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

**equest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] *Witnesses'*

9-26-18
Date

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| | |
| Signature (Required) | Signature (Required) |
| Street Address (Required) | Street Address (Required) |
| City, State and Zip (Required) | City, State and Zip (Required) |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the 26th day of September, 20 18, the Voter: personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF N.C.
COUNTY OF bladen

Notary Public 5-10-2023 Commission Expiration Date SEAL

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JAMES HERMAN CHRISTIAN
192 WHITE OWL LOOP RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10/08/18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assist[redacted]unavailable to assist[redacted]

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 192 White Owl Loop Road | 192 White Owl Loop RD |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | Bladenboro, NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-8-2018 | 10-8-2018 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CONNIE DOWLESS DOVE
453 GABE JOHNSON DR
ELIZABETHTOWN, NC 28337

REP - BLADEN COUNTY

[redacted]

Boar[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10-22-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Jerry W. Dove | Ella E Dowless |
| Signature (Required) | Signature (Required) |
| 453 Gabe Johnson Dr | 771 Bethel Ch Rd |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown, NC | Tar Heel NC |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 28337 10-22-18 | 28392 10-22-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DARLENE DOVE GAUSE
4447 OLD ABBOTTSBURG RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10-8-18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| Street Address (Required) 4471 old ABBOTTSBURG RD | Street Address (Required) 4455 Old Abbottsburg Rd |
| City, State and Zip (Required) Bladenboro N.C. 28320 | City, State and Zip (Required) Bladenboro NC 28320 |
| Date 10/8/18 | Date 10/8/18 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SAMUEL MAURICE RUSS
1702 NC 211 HWY W
CLARKTON, NC 28433

UNA - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

☐ [redacted] the *Witnesses'*

10/1/2018
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Robert K Sanders | Jerry Lee Bunn, S.R. |
| Signature (Required) | Signature (Required) |
| 928 Battenmill Rd | 3073 Peanut St Apt 11C |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC 28320 | Bladenboro NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-1-18 | 10-1-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MARIE CAIN
322 SUNSET PARK RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 9/27/2018
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Woody D Hester 371 Sunset Park Rd
Name of Assistant Address of Assistant

xWoody D Hester 9/27/2018
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Woody D Hester | Mary S. Adams |
| Signature (Required) | Signature (Required) |
| 371 Sunset Park Rd. | 11316 Center Rd. |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | Bladenboro N.C 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 9/27/2018 | 9-27-2018 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CONNIE DONETTE BULLARD
63 KELLY ST
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Board Appt:

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to

[redacted]

Signature of Voter (if applicable)

63 Kelly St Bladenboro NC 28320
Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted]

X
Signature of Voter (Required) Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the [redacted] ian, or I am providing ass [redacted] dian is unavailable to ass

[redacted]

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Connie Wagers | Apple Wilcox |
| Signature (Required) | Signature (Required) |
| 487 Mt Calvary Rd | 409 Mt Calvary Rd |
| Street Address (Required) | Street Address (Required) |
| Clarkton NC 28433 | Clarkton NC 28433 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/11/18 | 10/11/18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ROBERT L GARDNER
808 BUTLER MILL RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] the *Witnesses'*

9-30-18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Lisa Britt | Jamie R Singletary |
| Signature (Required) | Signature (Required) |
| 303 Pecan St 3F | 1216 WEBB MILL RD |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | BLADENBORO, NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 9-30-18 Date | 9-30-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

Affix NON-BARCODE

Label HERE

CIV-[redacted]
WAYNE R BRYAN
[redacted] Muni:
11/06/2018 - GENERAL

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 1-21-18
Date

_____
Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Lisa Britt | James R Bonetstaw |
| Signature (Required) | Signature (Required) |
| 303 Pecan St 3F | 1216 WEBB FARM RD |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | BLADENBORO NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 9-29-18 | 9-29-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LINDA ANN WALTERS
550 SUNSET PARK RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to

[redacted]

Signature of Voter (if applicable)

P.O. Box 602 Bladenboro NC 28320
Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted]

Signature of Voter (Required) Date 9/29/18

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Loretta DiCicco | Cindy B. Dean |
| Signature (Required) | Signature (Required) |
| 9a Village St | 4471 Old Abbottsburg Rd |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC 28320 | Bladenboro NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 9-29-18 Date | 9-29-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;

**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SHEILA CARROLL BABSON
1676 NC 211 HWY W
CLARKTON, NC 28433

REP - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] **Option 2** of the *Witnesses'*

[redacted] 10-5-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Lisa Britt | Ginger S Eason |
| Signature (Required) | Signature (Required) |
| 303 Pecan St 3F | 401 Edwards Ave |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | Bladenboro, N.C. 28320 |
| City, State and Zip (Required) 10518 Date | City, State and Zip (Required) 10-5-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED
OCT 01 2018
TIME____ REC'D BY____
BLADEN CO. BD. OF ELECTIONS

CHRISTOPHER SCOTT INMAN
7365 NC 131 HWY
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Boar

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'* C

X [redacted] 9-30-18
Si Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Deborah A. Huskins | James R Singletary |
| Signature (Required) | Signature (Required) |
| 7365 N.C. Hwy 131 | 7216 WEBB FAULK RD |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, N.C. 28320 | BLADENBORO, NC 28320 |
| City, State and Zip (Required) 9-30-18 Date | City, State and Zip (Required) 9-30-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MICHAEL W COLEMAN JR
310 E POPLAR ST # 6
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Board Approval Date: _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] of the *Witnesses'*

[redacted] 10-11-18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| | Jonathan Judson |
| Signature (Required) Bingo B. Eason | Signature (Required) 344 Lennon Drive |
| Street Address (Required) 401 Edwards Ave. 28320 | Street Address (Required) Bladenboro, NC 28320 |
| City, State and Zip (Required) Bladenboro, NC. 28320 | City, State and Zip (Required) |
| Date 10-11-18 | Date 10-11-18 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RUFUS RALPH DUCKWORTH III
200 PARSON ST
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10-5-18
Signature Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Donna Georgia Duckworth | Windy P Hester |
| Signature (Required) | Signature (Required) |
| 200 Parson ST | 371 Sunset Park RD |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC 28320 | Bladenboro, NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-5-18 | 10-5-2018 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JERRY P MARTIN
2799 PURDIE CHURCH RD
TAR HEEL, NC 28392

UNA - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'* [redacted]

[redacted] 10/27/18 Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| | |
| Signature (Required) | Signature (Required) |
| Street Address (Required) | Street Address (Required) |
| City, State and Zip (Required) | City, State and Zip (Required) |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the 27 day of Oct., 20 18, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF NC
COUNTY OF BLADEN

Brenda Wilkins SEAL
Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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RECEIVED
OCT 01 2018
TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

RECEIVED
OCT 01 2018
TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

RECEIVED
OCT 01 2018
TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

DEBORAH ANN HUCHINGSON
7365 NC 131 HWY
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

9-30-18

[redacted]

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 7365 N.C. Hwy 131 | 216 WEBB FAULK RD |
| Street Address (Required) | Street Address (Required) |
| Bladenboro N.C. 28320 | BLADENBORO, NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 9-30-18 Date | 9-30-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____

SEAL

_____ _____
Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LINDA IRENE BORDEAUX
1835 CENTER RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 9/27/18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| James R Sumpter | Lisa Britt |
| Signature (Required) | Signature (Required) |
| 216 WEBB FARM RD | 303 Pecan St 3F |
| Street Address (Required) | Street Address (Required) |
| BLADENBORO, NC 28320 | Bladenboro, NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 9-27-18 | 9-27-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**
**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SHANNON G KINLAW
1162 J A CARROLL RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] he *Witnesses'*

10/22/18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Reabe A. Shaw | Claire W Kinlaw |
| Signature (Required) | Signature (Required) |
| | 1325 A Carroll Road |
| Street Address (Required) | Street Address (Required) |
| 1162 J A Carroll Rd | Bladenboro NC 28320 |
| City, State and Zip (Required) 28320 | City, State and Zip (Required) |
| Bladenboro 9-28-18 | 10-22-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MELBA BRITT DOVE
4477 OLD ABBOTTSBURG RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 10-6-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 4471 old ABBOTTSBURG RD | 4471 Old Abbottsburg Rd |
| Street Address (Required) | Street Address (Required) |
| Bladenboro N.C. 28320 | Bladenboro NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-6-18 Date | 10-6-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BARBARA PAIT SKIPPER
418 S ASHE ST
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Board Approval Date [redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] of the *Witnesses'*

[redacted] 10/3/18
Date

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Deborah Edwards | Mindy D Hester |
| Signature (Required) | Signature (Required) |
| 157 Heather Brossard | 371 Sunset Park Rd. |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC 28320 | Bladenboro, NC 28320 |
| City, State and Zip (Required) 10-3-18 Date | City, State and Zip (Required) 10-3-2018 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

FLOYD FRANKLIN EVERS
264 LUTHER BRISSON RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10-1-18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Deborah B. Edwards | Wendy D Hester |
| Signature (Required) | Signature (Required) |
| 157 Luther Brisson Rd | 371 Sunset Park Rd. |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC 28320 | Bladenboro NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-1-18 | 10-01-2018 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LORETTA E DICICCO
901 VILLAGE ST
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ ~~**Annual Request for Illness/Disability**~~
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted] eligible to

[redacted]
Signature of Voter (if applicable)

PO Box 919 Bladenboro NC
Address where application and ballots should be mailed 28320

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ ~~two~~ (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 9/28/18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Linda Wallace | Della McWalt |
| Signature (Required) | Signature (Required) |
| 550 Sunset Park Rd | 180 Storms Ln |
| Street Address (Required) | Street Address (Required) |
| Bladenboro | Bladenboro N.C 28320 |
| City, State and Zip (Required) NC 28320 Date 9-28-18 | City, State and Zip (Required) Date 9-28-18 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 108-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

KASSIDY DELANE THOMPSON
2751 NC 410 HWY
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete Option 2 of the *Witnesses'* C

[redacted] 9/30/18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Ginger S Easter | Lisa Britt |
| Signature (Required) | Signature (Required) |
| 401 Edwards Ave - | 303 Pecan St 3F |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | Bladenboro, NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 9-30-18 | 9-30-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MICHAEL GLENN KELLY
3332 OLD ABBOTTSBURG RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10-15-18
Date

_____
Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Wendy P Hester 371 Sunset Park Rd Bladenboro, NC
Name of Assistant Address of Assistant

X Wendy P Hester 10-15-2018
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Wendy Hester | Amya Long |
| Signature (Required) | Signature (Required) |
| 371 Sunset Park Rd. | 600 North Main St |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC 28320 | Bladenboro NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-15-2018 | 10-15-2018 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

OCT 27 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

DAVID HUGH SAMPSON
1254 ZION HILL CHURCH RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boar[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] tion 2 of the *Witnesses'* C[redacted]

X [redacted] 10-21-18
Signature Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Wendy D Hester 371 Sunset Park Rd Bladenboro 28320
Name of Assistant Address of Assistant

X Wendy D Hester 10/21/2018
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Nancy Sampson | Wendy D Hester |
| Signature (Required) | Signature (Required) |
| 1254 Zion Hill Church Rd | 371 Sunset Park Rd |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC 28320 | Bladenboro NC 28320 |
| City, State and Zip (Required) 10/21/2018 Date | City, State and Zip (Required) 10/21/2018 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JONATHAN WADE HESTER
1208 STORMS RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Bod

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10-16-2018
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Woodly D Hester 571 Sunset Lynk Rd Bladenboro, NC
Name of Assistant Address of Assistant

X Woodly D Hester 10/16/2018
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| James B Hester | Woodly D Hester |
| Signature (Required) | Signature (Required) |
| 1208 Storms Road | 571 Sunset Lynk Rd |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | Bladenboro, NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-16-18 | 10/16/2018 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SHERRY PAIT LONG
9933 NC 242 HWY S
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Bor[redacted]

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am otherwise eligible to

[redacted]
Signature of Voter (if applicable)

9933 Hwy 242 S
Address where application and ballots should be mailed
Bladenboro N.C. 28321

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10-1-18
Date

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) Tonya D King | Signature (Required) Wendy D Hester |
| Street Address (Required) 600 Main St | Street Address (Required) 371 Sunset Park Rd |
| City, State and Zip (Required) Bladenboro NC 28320 | City, State and Zip (Required) Bladenboro, NC 28320 |
| Date 10-01-18 | Date 10-1-2018 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DENISE GOODEN
10849 NC 242 HWY S
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

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OR

☐ a n[redacted] **Option 2** of the *Witnesses' Cer*

X [redacted] 9/28/2018
Sign[redacted] Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
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I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) [redacted] | Signature (Required) [redacted] |
| Street Address (Required) 216 WEBB FALK RD | Street Address (Required) 10849 HWY 242 |
| City, State and Zip (Required) BLADENBORO NC 28320 | City, State and Zip (Required) BLADENBORO NC 28320 |
| Date 9-28-18 | Date 9-28-18 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JESSICA DANIELLE CHRISTIAN
192 WHITE OWL LOOP RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted]

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 192 White Owl Loop Rd | 192 White Owl Loop Rd |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | Bladenboro, NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-8-2018 Date | 10-8-2018 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED
OCT 03 2018

JAMES BARRY HESTER
1208 STORMS RD
BLADENBORO, NC 28320

TIME_____ RECEIVED
BLADEN CO. BD. OF ELECTIONS

UNA - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 9-28-2018

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Wendy D Hester — Name of Assistant
371 Sunset Park Rd Bladenboro NC 28320 — Address of Assistant
X Wendy D Hester — Signature of Assistant
9/28/2018 — Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Wendy D Hester | Tonya D King |
| Signature (Required) | Signature (Required) |
| 371 Sunset Park Road | 600 North Main Street |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC 28320 | Bladenboro NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 9/28/2018 Date | 9/28/2018 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

_____ SEAL
Notary Public — Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ALICE F LESSANE
52 POMPIE RD
ELIZABETHTOWN, NC 28337

REP - BLADEN COUNTY

[redacted]

Bo

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 9-27-18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 52 Pompey Rd | 342 Pinetop Circle |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Bladenboro NC. 28320 |
| City, State and Zip (Required) 9-27-18 Date | City, State and Zip (Required) 9-27-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JAMES WESLEY SKINNER
3221 TWISTED HICKORY RD
ELIZABETHTOWN, NC 28337

REP - BLADEN COUNTY

[redacted]

Bo

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Ce*

X [redacted] 10-9-18
Sig Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 4447 Old 166 Hwy SE | 901 Village St |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC 28320 | Bladenboro NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-9-18 | 10-9-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED
OCT 01 2018
TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TERRY LEE DOVE
4471 OLD ABBOTTSBURG RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] of the *Witnesses'*

9-30-18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

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| Witness #1 | Witness #2 |
|---|---|
| Linda Woolley | Cynthia Burdette Dove |
| Signature (Required) | Signature (Required) |
| 550 Sunset Rock Rd. | 4471 Old Abbottsburg Rd. |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, N.C. | Bladenboro NC 28320 |
| City, State and Zip (Required) 28320 | City, State and Zip (Required) 9-30-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

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MELISSA ANN PARKER
2751 NC 410 HWY
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 9-27-18
Signature Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
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| Witness #1 | Witness #2 |
|---|---|
| James R Singletary | Lisa Britt |
| Signature (Required) | Signature (Required) |
| 716 WEBB HAWK RD | 303 Pecan St 3F |
| Street Address (Required) | Street Address (Required) |
| BLADENBORO NC 28320 | Bladenboro, NC 28320 |
| City, State and Zip (Required) 9-27-18 Date | City, State and Zip (Required) 9-27-18 Date |

**Option 2: Notary Public as Witness**
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I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

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YVONNE WALTERS CHRISTIAN
2850 BURNEY RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

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Signature of Voter (if applicable)

Address where application and ballots should be mailed

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☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 9-29-18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Woody D Hester 371 Sunset Park Rd KRC
Name of Assistant Address of Assistant

X Kristy D Hester 9/29/2018
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Woody Hester | Tonya D King |
| Signature (Required) | Signature (Required) |
| 371 Sunset Park Rd | 600 North Main St |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | Bladenboro NC 28320 |
| City, State and Zip (Required) 9/29/2018 Date | City, State and Zip (Required) 9/29/2018 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**
**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BILLY STEVE NANCE
112 GRACE ST
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application All information represented on this application is correct • I am entitled o vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached abel • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] of the *Witnesses' Ce*

X [redacted] 10-1-18
Sign Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Woody D Heath | Tonya Bing |
| Signature (Required) | Signature (Required) |
| 371 Sunset Rock rd | 600 North Main St |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | Bladenboro NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-1-2018 | 10-01-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

KIMBERLY D CHESHIRE
417 S MAIN ST
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Bo[redacted]

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10-9-18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Imya King | Wendy D Hester |
| Signature (Required) | Signature (Required) |
| 600 North Main St | 371 Sunset Park Rd |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC 28320 | Bladenboro NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-9-2018 | 10-9-2018 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

WILMA EVERS HESTER
11 RICHARDSON RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete Option 2 of the *Witnesses' Certification*)

[redacted]

Signature of Voter (Required) Date 10/20/2018

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Woody D Hester 371 Sunset Park Rd

Name of Assistant Address of Assistant

X Woody D Hester 10/20/2018

Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Woody D Hester | Catherine Edwards |
| Signature (Required) | Signature (Required) |
| 371 Sunset Park Rd | 77 Bobo Dr |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | Clarkton, NC 28433 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/20/2018 | 10/20/2018 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

Brought in By Voter

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

WOODY DARREL HESTER
371 SUNSET PARK RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted]on 2 of the *Witnesses'*

9-28-2018
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Deborah B. Edwards | Sonya Long |
| Signature (Required) | Signature (Required) |
| 157 Luther Brisson Road | 600 North Main St |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | Bladenboro NC 28320 |
| City, State and Zip (Required) 9/28/2018 Date | City, State and Zip (Required) 9-28-2018 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JARED ALEXANDER WEST
9072 TWISTED HICKORY RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10/21/2018
Sig Date

Na

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 9072 Twisted Hickory Rd | 9072 Twisted Hickory Rd |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | Bladenboro, NC 28320 |
| City, State and Zip (Required) 10/21/2018 | City, State and Zip (Required) 10/21/2018 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

AMANDA RUBY DOVE
4455 OLD ABBOTTSBURG RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Bo[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

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OR

☐ [redacted] on 2 of the *Witnesses'*

10/8/18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) Cynthia B Dove |
| Street Address (Required) 4455 Old Abbottsburg Rd. | Street Address (Required) 4471 Old Abbottsburg Rd |
| City, State and Zip (Required) Bladenboro NC 28320 | City, State and Zip (Required) Bladenboro NC 28320 |
| Date 10/8/18 | Date 10/8/18 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;

**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CYNTHIA GAYLE CORREA
4465 OLD ABBOTTSBURG RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 10/6/18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Cynthia B. Dove | Tonya L Dove |
| Signature (Required) | Signature (Required) |
| 4471 Old Abbottsburg Rd | 4471 old ABBOTTSBURG RD. |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC 28320 | BLADENBORO N.C. 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-6-18 | 10-6-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RANDY SCOTT DEWOLF
13 BETHEL CHURCH RD
DUBLIN, NC 28332

UNA - BLADEN COUNTY

[redacted]

Boa[redacted]

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted]gible to

[redacted]

P.O. Box 112 Bladenboro NC 28320
Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10/29/18
Signature Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required): Jamie M. DeWolf | Signature (Required): Robert Dewolf |
| Street Address (Required): 13 Bethel Church Rd | Street Address (Required): 13 Bethel Church Rd |
| City, State and Zip (Required): Dublin, NC 28332 | City, State and Zip (Required): Dublin NC 28332 |
| Date: 10/29/18 | Date: 10/29/18 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

STEPHEN L DOVE
4455 OLD ABBOTTSBURG RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

**OR**

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10/8/2018
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Amanda R. Doe | Cynthia B. Dove |
| Signature (Required) | Signature (Required) |
| 4455 Old Abbottsburg Rd. | 4471 Old Abbottsburg Rd |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC 28320 | Bladenboro NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/8/18 | 10/8/18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 108-30].*

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**
**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JONATHAN DWAYNE CERVANTES
1187 STORMS RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 9-22-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| James R Singleton | Lisa Britt |
| Signature (Required) | Signature (Required) |
| 215 WEBB FARM RD | 303 Pecan St 3F |
| Street Address (Required) | Street Address (Required) |
| BLADENBORO, NC 28320 | Bladenboro, NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 9-27-18 | 9-27-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;

**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

TIMMIE RANDLE THOMPSON
13004 NC 131 HWY
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boar

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☑ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to

[redacted]

13004 Hwy 131 N Bladenboro NC 28320
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted]

10-23-18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Barbara Pittman | [illegible] |
| Signature (Required) | Signature (Required) |
| 318 North Main St. | 318 N Main St |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, N.C. 28320 | Bladenboro, NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-23-18 Date | 10/23/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

STEVE DONOVAN LUDLUM
111 PECAN ST
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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**OR**

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10-2-18
Signature Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Mary F. Ackerman | Mildred Ludlum |
| Signature (Required) | Signature (Required) |
| 11316 Center Rd | 11408 Center Rd |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC 28320 | Bladenboro N.C. 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-2-18 | 10-2-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

TWANDA MONIQUE MULLINS
167 ARMFIELD ST # 4
DUBLIN, NC 28332

REP - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] of the *Witnesses'*

[redacted] 9/30/18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| James R Soyster | Lisa Britt |
| Signature (Required) | Signature (Required) |
| 216 WEBB FAULK RD | 303 Beaton St 3F |
| Street Address (Required) | Street Address (Required) |
| BLADENBORO, NC 28320 | Bladenboro, NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 9-30-18 | 9-30-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MILDRED B LUDLUM
11408 CENTER RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 10-2-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Steve D. Ludlum | Mary L. Adams |
| Signature (Required) | Signature (Required) |
| 111 Pecan St. | 11316 Center Rd |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, N.C. 28320 | Bladenboro N.C 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-2-18 | 10-2-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MARY FRANCES ADAMS
11316 CENTER RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted]

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Steve D. Ludlum | Mildred Ludlum |
| Signature (Required) | Signature (Required) |
| 111 Pecan St. | 11408 Center Rd |
| Street Address (Required) | Street Address (Required) |
| Bladenboro N.C. 28320 | Bladenboro NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-2-18 Date | 10-2-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JERRY WAYNE DOVE
453 GABE JOHNSON DR
ELIZABETHTOWN, NC 28337

REP - BLADEN COUNTY

[redacted]

Boa[redacted] Approval Date: _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

Sig[redacted]

X _____ 10-22-18
Date

Na[redacted]

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Connie Dowless Dove | Ella F Dowless |
| Signature (Required) Connie Dowless Dove | Signature (Required) |
| 453 Gabe Johnson Dr. | 771 Bethel Ch. Rd |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown | Tar Heel NC |
| City, State and Zip (Required) NC 28337 10-22-18 Date | City, State and Zip (Required) 28392 10-22-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED
OCT 01 2018

TIME _____ REC'D BY _____
CYNTHIA BOERCHE, DIRECTOR OF ELECTIONS
4471 OLD ABBOTTSBURG RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 9-30-18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 4471 Old Abbottsburg RD | 550 Sunset Park Rd |
| Street Address (Required) | Street Address (Required) |
| Bladenboro N.C. | Bladenboro, NC |
| City, State and Zip (Required) 9-30-18 Date | City, State and Zip (Required) 28320 9-30-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LEE ANN HERRING
901 BALL PARK RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Boa[redacted]

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to

[redacted]

P.O. BOX 192
Address where application and ballots should be mailed
Bladenboro, N.C. 28320

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted]

10-23-18
Date

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
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I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Regina B Watson | Kimberly Turner |
| Signature (Required) | Signature (Required) |
| [redacted] N. Main St | 566 Webb Fork Rd. |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, N.C. 28320 | Bladenboro NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-23-18 | 10-23-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;

**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

OCT 17 2018

TIME _____ RECEIVED BY _____

BLADEN CO. BD. OF ELECTIONS

JONATHAN RYAN BORDEAUX
8104 NC 41 HWY W
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Boa

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

8104 NC HWY 41 W
Signature of Voter (if applicable)

Bladenboro NC 28320
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10/5/18
Signature Date

Name

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| P. Bordeaux | Ginger Long |
| Signature (Required) | Signature (Required) |
| 8104 NC HWY 41 W | 600 North Main Street |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC 28320 | Bladenboro NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/5/18 Date | 10/5/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**
**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

VIRGIL HERMAN CHRISTIAN
20 WHITE OWL LOOP RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 9/27/2018
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Woody D Hester Bladenboro NC 28320
Name of Assistant Address of Assistant

x Woody D Hester 9/27/2018
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Woody D Hester | Stella L Evans |
| Signature (Required) | Signature (Required) |
| 371 Sunset Park Road | 20 White Owl loop Road |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | Bladenboro, NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 9-27-2018 | 9-27-2018 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

Brought in By Voter

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

AUDREY ANTHONY ATKINSON
304 VILLAGE ST # 2C
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 9-29-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Lisa Britt | James R Singletary |
| Signature (Required) | Signature (Required) |
| 303 Pecan St 3F | 216 WEBB FARM RD |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | BLADENBORO, NC 28320 |
| City, State and Zip (Required) 9-29-18 Date | City, State and Zip (Required) 9-29-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

STELLA LEE EVANS
20 WHITE OWL LOOP RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 9/27/2018
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Woody D Hester — Bladenboro, NC 28320
Name of Assistant — Address of Assistant

X Woody D Hester — 9/27/2018
Signature of Assistant — Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Woody D Hester | Virgil H Christian |
| Signature (Required) | Signature (Required) |
| 371 Sunset Park Road | 20 White Owl Loop Road |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | Bladenboro, NC 28320 |
| City, State and Zip (Required) 9-27-2018 Date | City, State and Zip (Required) 9/27/2018 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public — Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DEBORAH BRISSON EDWARDS
157 LUTHER BRISSON RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 9-30-18

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 371 Sunset Park Rd | 600 North Main St |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC 28320 | Bladenboro NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 9/30/2018 | 9/30/2018 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

STEVE YATES BORDEAUX
1835 CENTER RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not [redacted] ballot (the *Certification*)

☐ [redacted] the *Witnesses'*

9/27/18
Date

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| James R Bordeaux | Lisa Britt |
| Signature (Required) | Signature (Required) |
| 216 WEBB FAULK RD | 303 Pecan St 3F |
| Street Address (Required) | Street Address (Required) |
| BLADENBORO, NC 28320 | Bladenboro, NC |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 9-27-18 | 9-27-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

PHYLLIS CARROLL BRISSON
414 S ASHE ST
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☑ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to

[redacted]
Signature of Voter (if applicable)

P.O. Box 1266 Bladenboro NC 28320
Address where application and Ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10-16-18
Signature Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Deborah B Edwards | Jenny Brisson |
| Signature (Required) | Signature (Required) |
| 157 Luther Brisson Rd | P.O. Box 1266 |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC 28320 | Bladenboro, N.C. 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-16-18 Date | 10-16-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SHIRLEY FAYE BROWN
428 S ASHE ST
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] of the *Witnesses'*

9-27-18
Date

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Lisa Britt | Sasha Cowless |
| Signature (Required) | Signature (Required) |
| 303 Pecan St 3F | 303 Pecan St 3F |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | Bladenboro, NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 9-27-18 | 9-27-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

WILLIAM NEIL JACKSON
484 PAGES LAKE RD
ST. PAULS, NC 28384

UNA - BLADEN COUNTY

[redacted]

Board Approval Date

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 248 East 4th Street | 248 East 4th St |
| Street Address (Required) | Street Address (Required) |
| Dublin, NC 28332 | Dublin NC 28332 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/17/18 Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

TIFFANY LEIGH WEAVER
9072 TWISTED HICKORY RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Ce[redacted]*

X [redacted] 10/21/2018
Sig[redacted] Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 9072 Twisted Hickory RD | 571 Sunset Park RD |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | Bladenboro, NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/21/2018 | 10-21-2018 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MICHAEL LANE WEAVER
9072 TWISTED HICKORY RD
BLADENBORO, NC 28320

REP BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10-21-2018
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Tiffany Weaver | Kristy D Hester |
| Signature (Required) | Signature (Required) |
| 9072 Twisted Hickory Rd | 371 Smart Park Rd |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | Bladenboro, NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-21-2018 | 10-21-2018 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

GRAHAM WAYNE HESTER
668 SUNSET PARK RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Bo[redacted]

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted]ots.)

[redacted]
Signature of Voter (if applicable)

668 Sunset Park Rd Bladenboro, NC 28320
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'* C[redacted]

[redacted] 9-30-18
S[redacted] Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required): Denise Lupo Hester | Signature (Required): Neal Hester |
| Street Address (Required): 1668 Sunset Park Rd | Street Address (Required): 668 Sunset Park Rd |
| City, State and Zip (Required): Bladenboro, NC 28320 | City, State and Zip (Required): Bladenboro NC 28320 |
| Date: 9/30/18 | Date: 9/30/18 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JENNIFER NOELE HESTER
668 SUNSET PARK RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boar[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a no[redacted] 2 of the *Witnesses' Certi*

X [redacted] 9/29/18
Signa[redacted] Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Jennia L Hester | Graham Wayne Hester |
| Signature (Required) | Signature (Required) |
| 668 Sunset Park Rd | 668 Sunset Park Rd |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | Bladenboro, NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 9/30/18 | 9/30/18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

TONYA DENISE LONG
600 N MAIN ST
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to ballots.)

[redacted]

600 N Main Street Bladenboro
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] e **Option 2** of the *Witnesses'* C

X [redacted] 9-28-18
Si Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Windy D Hester | Danny P Long |
| Signature (Required) | Signature (Required) |
| 371 Sunset Park Rd | 9933 Hwy 242-S |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | Bladenboro NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 9/28/2018 Date | 9/28/2018 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DONNA JERNIGAN DUCKWORTH
200 PARSON ST
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

**OR**

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10-5-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Rufus Ralph Duckworth III | Wendy D Ifeston |
| Signature (Required) | Signature (Required) |
| 200 Parson Street | 371 Sunset Park Rd |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC 28320 | Bladenboro NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-5-18 | 10-5-2018 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 108-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

EULA M PACKER
200 VILLAGE ST # 11D
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 9-29-18
Signature Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Lisa Britt | James R Bengtsons |
| Signature (Required) | Signature (Required) |
| 303 Pecan St 3F | 216 WEBB FARM RD |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | BLADENBORO NC 28320 |
| City, State and Zip (Required) 9-29-18 Date | City, State and Zip (Required) 9-29-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ANTHONY VAN HESTER
6618 CENTER RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 10-1-18
Si[redacted] Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Joanne Wright | Teresa F. Hester |
| Signature (Required) | Signature (Required) |
| 6028 Marsh Rd | 6618 Center Rd |
| Street Address (Required) | Street Address (Required) |
| 10-1-18 | Bladenboro NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| Bladenboro NC 28320 Date | 10-1-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

TERESA FERRELL HESTER
6618 CENTER RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 10.1.18
Signature of Voter (Required) Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Joanne Wright | Ginger V. Hester |
| Signature (Required) | Signature (Required) |
| 16028 Marsh Rd | 6618 Center Rd |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC 28320 | Bladenboro, NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-1-18 Date | 10-1-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

GENE W KINLAW
1132 J A CARROLL RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to

[redacted]
Signature of Voter (if applicable)

1132 J.A. Carroll Road
Bladenboro, N.C. 28320
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 10-12-18
Signature of Voter (Required) Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| | Deedee A Shaw |
| Signature (Required) Sharon G Kinlaw | Signature (Required) 1162 JA Carroll Rd |
| Street Address (Required) 1162 J.A. Carroll rd. | Street Address (Required) Bladenboro NC 283 |
| City, State and Zip (Required) Bladenboro NC 28320 10-12-18 Date | City, State and Zip (Required) 10-12-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED OCT 01 TIME ____ REC'D BY ____ BLADEN CO. BD. OF ELECTIONS

RECEIVED OCT 01 2018 TIME ____ REC'D BY ____ BLADEN CO. BD. OF ELECTIONS

RECEIVED TIME ____ REC'D BY ____ BLADEN CO. BD. OF ELECTIONS

NICKSON STEPHEN NANCE
10107 NC 131 HWY
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

[redacted]
Signature of Voter (if applicable)

10107 Hwy 131 Bladenboro, NC. 28320
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 9-27-18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| James R Singletary | Lisa Britt |
| Signature (Required) | Signature (Required) |
| 216 Webb Farm Rd | 303 Pecan St 3F |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | Bladenboro, NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 9-27-18 Date | 9-27-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

Drafted by Son

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JUANITA EVERS HESTER
1208 STORMS RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 9-26-2018
Date

_____
Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Windy D. Hester 371 Sunset Park Rd
Name of Assistant Address of Assistant Bladenboro, NC 28320

X Windy D Hester 9/26/2018
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Windy D Hester | Kaleoral B. Edwards |
| Signature (Required) | Signature (Required) |
| 371 Sunset Park Road | 157 Luther Hisson Rd |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | Bladenboro, NC 28320 |
| City, State and Zip (Required) 9/26/2018 Date | City, State and Zip (Required) 9/26/2018 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**
**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

PHILLIS ANN CHRISTIAN
192 WHITE OWL LOOP RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a n[redacted] of the *Witnesses' Cert*[redacted]

X [redacted] 10-8-18
Signa[redacted] Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 192 White Owl loop Road | 192 white owl loop rd |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | Bladenboro, NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-8-2018 Date | 10-8-2018 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RUDOLPH MOORE JR
200 VILLAGE ST # 9B
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

☐ [redacted] **on 2** of the *Witnesses'*

9-27-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| James R Bunyfield | Lisa Britt |
| Signature (Required) | Signature (Required) |
| 216 WEBB FAULK RD | 303 Pecan St 3F |
| Street Address (Required) | Street Address (Required) |
| BLADENBORO NC 28320 | Bladenboro, NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 9-27-18 Date | 9-27-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JAMES DANIEL CHRISTIAN
192 WHITE OWL LOOP RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 192 white owl loop Rd | 192 White owl loop RD |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | Bladenboro NC 28320 |
| City, State and Zip (Required) 10-8-2018 Date | City, State and Zip (Required) 10-8-2018 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**
**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

OCT 27 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

NANCY MAE SAMPSON
1254 ZION HILL CHURCH RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Bo

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10-31-2018
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Wesley D Hester 371 Sunset Park Rd Bladenboro 28320
Name of Assistant Address of Assistant

X Wesley D Hester 10/21/2018
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Wesley D Hester |
| 1254 Zion Hill Church Road | 371 Sunset Park Rd |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | Bladenboro NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/21/2018 Date | 10/21/2018 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JIMMY LEE BRISSON
414 S ASHE ST
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa[redacted]

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☑ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted]s.)

[redacted]
Signature of Voter (if applicable)

P.O. Box 1266 Bladenboro, NC
Address where application and ballots should be mailed
28320

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted]

10-16-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Deborah B. Edwards | Phyllis A. Brisson |
| Signature (Required) | Signature (Required) |
| 157 Hubber Brisson Rd | P.O. Box 1264 414 ashe St |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC 28320 | Bladenboro, NC. 28320 |
| City, State and Zip (Required) 10-16-18 Date | City, State and Zip (Required) 10-16-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C[redacted]es**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, man[redacted] employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SHELIA RICHARDSON PRIEST
357 LENNON BAY DR
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Bo[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a n[redacted]
Cer[redacted]

X [redacted]
Signature of Voter (Required) Date 9/27/2018

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Woody D Hester 371 Sunset Park Rd. Bladenboro, NC 28320
Name of Assistant Address of Assistant

X Woody D Hester 9-27-2018
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Woody D Hester | Mary F. Adams |
| Signature (Required) | Signature (Required) |
| 371 Sunset Park Rd | 11316 Center Rd. |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | Bladenboro NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 9/27/2018 Date | 9-27-2018 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;

**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LESLIE A SHAW
131 BUTTERS LOOP RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Bo[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] ption 2 of the *Witnesses' Ce*[redacted]

X [redacted] 10-22-18
Sig[redacted] Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Shawna D. Kline | Geneva. Winslow |
| Signature (Required) | Signature (Required) |
| 1162 J.A. Carroll rd. | 1132 J.A. Carroll Road |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC | Bladenboro N.C. 28320 |
| City, State and Zip (Required) 28320 | City, State and Zip (Required) |
| 10-22-18 Date | 10-22-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate [G.S. § 109-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DENNIS EARL HALL
6131 NC 211 HWY W
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option** 1 of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 11-1-2018
Signature of Voter (Required) Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 371 Sunset Park Road | 600 North Main St |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC 28320 | Bladenboro NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 11-01-2018 Date | 11-01-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;

**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ADAM DELANE THOMPSON
2751 NC 410 HWY
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] plete **Option 2** of the *Witnesses'*

9-27-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| James R Bendeta | Lisa Britt |
| Signature (Required) | Signature (Required) |
| 216 WEBB FARM RD | 303 Pecan St 3F |
| Street Address (Required) | Street Address (Required) |
| BLADENBORO NC 28320 | Bladenboro, NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 9-27-18 | 9-27-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DOLORES DEAVER KELLY
3332 OLD ABBOTTSBURG RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Board Approval Date: _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10-14-18
Signature Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Wendy D Hester 371 Sunset Park Rd Bladenboro NC
Name of Assistant Address of Assistant

X Wendy D Hester 10-14-18
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 3332 Old Abbottsburg Rd | 371 Sunset Park RD |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | Bladenboro NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-14-2018 | 10-14-2018 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MARTHA L GIBSON
47 J HILL ACRES RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] 2 of the *Witnesses' C*

X [redacted] 10-1-18
Signature Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Deborah B. Edwards | Woody D Heater |
| Signature (Required) | Signature (Required) |
| 157 Luther Bowen Rd | 371 Sunset Park Rd |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC 28320 | Bladenboro NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-1-18 | 10-1-2018 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

KIM L MCNEIL
620 MCLEOD ST # 12B
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Bo[redacted]

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted] ballots.)

[redacted]
Signature of Voter (if applicable)

620 McLeod St. # 12B
Address where application and ballots should be mailed

Elizabethtown, N.C. 28337

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10-11-18
Sign Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Carnell W Barnwell | Arthur Owens |
| Signature (Required) | Signature (Required) |
| 312 McKee St. | 320 McKee St. |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown, N.C. 28337 | Elizabethtown, N.C. 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-11-18 Date | Date 10-11-18 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JOHN WALTERS
1109 WILLIAMS ST
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

[redacted]
Signature of Voter (if applicable)

1109 WILLIAMS ST
Address where application and ballots should be mailed

ELIZABETHTOWN, N.C. 28337

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10-12-18
Signature Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| [redacted] | [redacted] |
| Signature (Required) | Signature (Required) |
| 1109 Williams St. | 320 Mechos St. |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC | Elizabethtown, NC |
| City, State and Zip (Required) 28337 Date 10-12-18 | City, State and Zip (Required) 28337 Date 10-12-18 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CARNELL WILSON BARNWELL
312 MCKOY ST
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to

[redacted]
Signature of Voter (if applicable)

P.O. Box 1524
Address where application and ballots should be mailed

Elizabethtown, N.C. 28337

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Ce*[redacted]

X
Signature of Voter (Required) Date

10-9-18
Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Arthur Owens | Kellie L. Clemmons |
| Signature (Required) | Signature (Required) |
| 320 McKoy St. | 229 Blue moon Dr. |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown, N.C. | Elizabethtown N.C. 28337 |
| City, State and Zip (Required) 28337 | City, State and Zip (Required) |
| Date 10-9-18 | Date 10-9-18 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;

**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DOROTHY BORDEAUX TOWNSEND
420 E MCKAY ST # 7D
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to

[redacted]

Signature of Voter (If applicable)

SAME AS Above 10-3-18
Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X
Signature of Voter (Required) Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Mary Alleman | Arthur Owens |
| Signature (Required) | Signature (Required) |
| 17745 NC Hwy 87 W | 320 McKay St. |
| Street Address (Required) | Street Address (Required) |
| Tar Heel NC 28392 | Elizabethtown NC |
| City, State and Zip (Required) 10-3-18 Date | City, State and Zip (Required) 28337 10-3-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JAMES LLOYD CORBETT
706 MARTIN LUTHER KING DR
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Board Approval Date _____

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

[redacted]
Signature of Voter (if applicable)

P.O. Box 92
Address where application and ballots should be mailed

Elizabethtown, NC 28337

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10/12/18
Signature of Voter (Required) Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Orlinda Pearson | Arthur Owens |
| Signature (Required) | Signature (Required) |
| 706 MLK Dr. | 320 Mt Ivy St. |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown, N.C. | Elizabethtown, N.C. |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/12/18 Date | 28337 10-12-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

THALIA MCKOY
400 BLANKS ST
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

**Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

**Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted]s.)

Signature of Voter (if applicable)

P.O. Box 2875
Address where application and ballots should be mailed
400 Blanks St. 10-5-18
Elizabethtown, N.C. 28337

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X
Signature of Voter (Required) Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Carolyn mckoy | Arthur Owens |
| Signature (Required) | Signature (Required) |
| 400 Blanks St | 320 Mckoy St. |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown, N.C. | Elizabethtown, N.C. |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 28337 Date 10-5-18 | 28337 Date 10-5-18 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**
**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CAROLYN MCKOY
400 BLANKS ST
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Bo

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

[redacted]

400 BLANKS ST. 10-5-18
Address where application and ballots should be mailed

ELIZABETHTOWN, N.C. 28337

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X
Signature of Voter (Required) Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| P.O. Box 2875 | 320 McKoy St. |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown, N.C. | Elizabethtown N.C. |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 28337 | 28337 |
| Date 10-5-18 | Date 10-5-18 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section]

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DARLENE MOULTRIE
810 JAMES ST
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted]

[redacted]
Signature of Voter (if applicable)

P.O. Box 1002
Address where application and ballots should be mailed

Elizabethtown, N.C. 28337

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] tnesses'
C[redacted]

X [redacted] 10-9-18
Si[redacted]

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Arthur Owens | Carroll W. Boswell |
| Signature (Required) | Signature (Required) |
| 320 McKoy St. | 312 McKoy St. |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown N.C. | Elizabethtown, N.C. |
| City, State and Zip (Required) 28337 | City, State and Zip (Required) 28337 |
| Date 10-9-18 | Date 10-9-18 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-30).*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

HORACE CHAMBERS
1009 MOULTRIE LN
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Bo

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other

[redacted]

1009 MOULTRIE LN 10-2-18
Address where application and ballots should be mailed
ELIZABETHTOWN. N.C. 28337

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X
Signature of Voter (Required) Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Roosevelt Dudley | Judy Peterson |
| Signature (Required) | Signature (Required) |
| 1009 MOULTRIE LN | 1009 MOULTRIE LN. |
| Street Address (Required) | Street Address (Required) |
| ELIZABETHTOWN, N.C. | ELIZABETHTOWN, N.C. |
| City, State and Zip (Required) 28337 | City, State and Zip (Required) 28337 |
| Date 10-4-18 | Date 10-4-18 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LORINE GILFORD HENRY
803 MOULTRIE LN
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted]lots.)

[redacted]
Signature of Voter (if applicable)

P.O. BOX 2094
Address where application and ballots should be mailed
ELIZABETHTOWN, N.C. 28337

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] the *Witnesses'* Ce[redacted] 10-15-18

X [redacted]
Sig[redacted]

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Pamela V Henry | Deborah Graham |
| Signature (Required) | Signature (Required) |
| 282 Mcadam Dr | 2188 Hwy 701 N |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC | Elizabethtown NC |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 28337 10-15-18 | 28337 10-15-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SHIRLEY ANN MELVIN
1105 QUAIL ST
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Board Approval Date _____

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted]

[redacted]
Signature of Voter (if applicable)

1105 QUAIL ST
Address where application and ballots should be mailed
ELIZABETHTOWN, N.C. 28337

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10/15/18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 1105 Quail Street | 1105 Quail Street |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown N.C. 28337 | Elizabethtown N.C. 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-15-18 Date | 10-15-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**
**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SHEWANDA MELVIN
1105 QUAIL ST
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Bo[redacted]

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted]

Signature of Voter (if applicable)

1105 QUAIL St.
Address where application and ballots should be mailed
ELIZABETHtown, N.C. 28337

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certi*[redacted]

X [redacted] 10-15-18
Signature (Required) Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 1105 Quail St | 1105 QUAIL St. |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown, N.C. 28337 | Elizabethtown, N.C. 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-15-18 Date | Date 10-15-18 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JUDY BUIE PETERSON
1011 MOULTRIE LN
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Bo[redacted]

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

[redacted]
Signature of Voter (if applicable)

P.O. Box 2481
Address where application and ballots should be mailed

Elizabethtown, N.C. 28337

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X
Signature of Voter (Required) Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 1009 moultrie Ln. | 1009 moultrie Ln. |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown N.C. | Elizabethtown N.C. |
| City, State and Zip (Required) 28337 | City, State and Zip (Required) 28337 |
| Date 10-4-18 | Date 10-4-18 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

TREVOR OMAR DUDLEY
1009 MOULTRIE LN
ELIZABETHTOWN, NC 28...

DEM - BLADEN COUNTY

[redacted]

Bo...

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to ...le ballots.)

[redacted] 10-4-18
S... Date

1009 MOULTRIE LANE
Address where application and ballots should be mailed

ELIZABETHTOWN, N.C. 28337

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X
Signature of Voter (Required) Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Roosevelt Dudley | [illegible] |
| Signature (Required) | Signature (Required) |
| 1009 Moultrie Ln. | 1009 Moultrie Ln |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown, N.C. | Elizabethtown, NC |
| City, State and Zip (Required) 28337 | City, State and Zip (Required) 28337 |
| Date 10-4-18 | Date 10-4-18 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;

**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

TERA MONIQUE MELVIN
1105 QUAIL ST
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Bo[redacted]

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

[redacted]
Signature of Voter (if applicable)

1105 QUAIL St.
Address where application and ballots should be mailed
ELIZABETHtown, NC 28337

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10-15-18
Signature of Voter (Required) Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 1105 Quail Street | 1105 Quail St |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown N.C. 28337 | Elizabethtown, NC. 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-15-18 Date | 10/15/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;

**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ROOSEVELT DUDLEY JR
1009 MOULTRIE LN
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Board Approval Date _____

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

[redacted]
Signature of Voter (if applicable)

1009 Elizabethtown, N.C.
Address where application and ballots should be mailed

28337

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X _____
Signature of Voter (Required) Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Judy Peteet | Trevor Dudley |
| Signature (Required) | Signature (Required) |
| P.O. Box 2481 | 1009 Moultrie Ln. |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown N.C. | Elizabethtown, N.C. |
| City, State and Zip (Required) 28337 | City, State and Zip (Required) 28337 |
| Date 10-4-18 | Date 10-4-18 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employe facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct party or organization, or who is a campaign manager or treasurer for any candidate or political party.

NIKKI MARIE LOCKLEAR
11561 NC 242 HWY S
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] the *Witnesses'*

10/7/18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Brian Montgomery | Howard Epstein |
| Signature (Required) | Signature (Required) |
| 102 E Ridge Rd Warwick | 9750 Hollow way rd |
| Street Address (Required) | Street Address (Required) |
| Warwick NY 10990 | Dallas, Tx 75220 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/7/18 Date | 10/7/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

_____ _____
Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SANDRA REGINA SINGLETARY
1327 TAR HEEL RD
TAR HEEL, NC 28392

DEM - BLADEN COUNTY

[redacted]

Bo

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Ce*

[redacted]

X
Sig

10/25/18
Date

Na

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| Heugasse 2 | Heugasse 2 |
| Street Address (Required) | Street Address (Required) |
| 65929 Frankfurt | 65929 Frankfurt |
| City, State and Zip (Required) 10/25/18 Date | City, State and Zip (Required) 10/25/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section]

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

Returned By Voter 9-27-18

RAY DEAVER
114 MIDWAY DR # 3
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Bo[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 9-27-18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| William Skaggs | Anthony Y. [illegible] |
| Signature (Required) | Signature (Required) |
| 304 Midway Dr. | 303 Pecan St. (2-H) |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC | Bladenboro NC |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 28320 9-27-18 | 28320 9-27-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SHEILA L CHRISTIAN
10081 NC 131 HWY
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10-5-18
Sign Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Louise Herring Little | Lisa Britt |
| Signature (Required) | Signature (Required) |
| 10081 N.C 131 Hwy | 303 Pecan St 3F |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, N.C. 28320 | Bladenboro, NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-5-18 | 10-5-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DAVID DELANE CHRISTIAN
125 DUSTY RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10-6-18
Signature Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Sheila L. Christian | Louise Herring Little |
| Signature (Required) | Signature (Required) |
| 10081 NWY 131 | 10081 NC 131 Hwy |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | Bladenboro NC. 28520 |
| City, State and Zip (Required) 10-5-18 Date | City, State and Zip (Required) 10-5-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DELLA MAE CERVANTEZ
1187 STORMS RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 9-28-18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 901 Village Street | 4427 old ABBOTTS Bridge |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC 28320 | Bladenboro N.C. 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 9/28/18 Date | 9-28-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JERRY RAY BURNEY SR
303 PECAN ST # 11C
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Boar

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] f the *Witnesses'*

9-29-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Lisa Britt | James R Singletary |
| Signature (Required) | Signature (Required) |
| 303 Pecan St 3F | 216 WEBB FARM RD |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC 28320 | BLADENBORO, NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 9-29-18 | 9-29-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**
**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MICHAEL SHANNON EASON
401 EDWARDS AVE
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boar[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a[redacted] **Option 2** of the *Witnesses' C*[redacted]

S[redacted] 10-9-18 Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) Bryan S. Eason |
| Street Address (Required) 500 Chestnut | Street Address (Required) 401 Edwards Ave. |
| City, State and Zip (Required) Bladenboro NC | City, State and Zip (Required) Bladenboro, N.C. 28320 |
| Date 10/10/18 | Date 10-10-18 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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JAMES FELTWELL
303 PECAN ST # 2F
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boar[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option** 2 of the *Witnesses'*

[redacted]

Name Correction (if applicable) 92718

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| | William Stogner |
| Signature (Required) Anthony D. Ge | Signature (Required) |
| Street Address (Required) 303 PECAN ST (2-H) | Street Address (Required) 304 MIDWAY DR |
| City, State and Zip (Required) BLADENBORO NC 28320 | City, State and Zip (Required) BLADENBORO NC 28320 |
| Date 9-27-18 | Date 9-27-18 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LISA MICHELLE BRITT
303 PECAN ST # 3F
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] mplete **Option 2** of the *Witnesses'*

9-28-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Sandra Dowless | Beverly Dyer |
| Signature (Required) | Signature (Required) |
| 303 Pecan St 3F | 303 Pecan St 3E |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC 28320 | Bladenboro, NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 9-28-18 Date | 9-28-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE. A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

HAZEL CAULDER GUYTON
208 W WALNUT ST # 6D
BLADENBORO, NC 28320

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 10-2-18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Ginger D. Eason | [illegible] |
| Signature (Required) | Signature (Required) |
| 401 Edwards Ave. | 508 Chestnut |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | Bladenboro NC |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-2-18 | 10/2/18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

KAYLA BARNES HALL
613 W SEABOARD ST
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] **Option 2** of the *Witnesses' C*

[redacted] 10/3/18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Ginger S Eason | [illegible] Kinlaw |
| Signature (Required) | Signature (Required) |
| 401 Edwards Ave | 560 Chestnut |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | Bladenboro NC |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-3-18 | 10/3/18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ALLYSON JANCLLE THOMPSON
3238 CENTER RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted]

Signature of Voter (Required) Date 10-8-18

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Ginger S Eason | [illegible] |
| Signature (Required) | Signature (Required) |
| 401 Edwards Ave. | 500 Chestnut |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, N.C. 28320 | Bladenboro NC |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-8-18 | 10/8/18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CLIFTON VERNON THOMPSON
3238 CENTER RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Board Approval Date: _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

[redacted] of the *Witnesses'*

10-11-18
Date

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Ginger S. Eason | [signature] |
| Signature (Required) | Signature (Required) |
| 401 Edwards Ave | 502 Chestnut |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | Bladenboro NC |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-11-18 | 10/11/18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CRYSTAL RENEE HESTER
428 S ASHE ST # 01
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

**Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

**Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] omplete **Option 2** of the *Witnesses'*

9-22-18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Lisa Britt | James R Singletary |
| Signature (Required) | Signature (Required) |
| 303 Pecan St 3F | 216 WEBB FAULK RD |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | BLADENBORO, NC 28320 |
| City, State and Zip (Required) 9-27-18 Date | City, State and Zip (Required) 9-27-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;

**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

WILFORD M DAVIS
1224 CENTER RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 9-27-18

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Lisa Britt | James R Sanderlin |
| Signature (Required) | Signature (Required) |
| 303 Pecan St 3F | 216 WEBB FAVER RD |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | BLADENBORO, NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 9-27-18 Date | 9-27-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CAROLYN R DOWLESS
499 EVERS RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] *Witnesses'*

9-28-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Lisa Britt | James R Singleton |
| Signature (Required) | Signature (Required) |
| 303 Pecan St 3F | 416 WEBB FARM RD |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | BLADENBORO, NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 9-28-18 Date | 9-28-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CLETUS E DOWLESS
6802 NC 131 HWY
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

**Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

**Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted] ots.)

[redacted]
Signature of Voter (if applicable)

6802 NC 131 Hwy Bladenboro NC
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted]
Signature of Voter — Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant — Address of Assistant

X
Signature of Assistant — Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Carrie Gibson | Ronald E. Dowless |
| Signature (Required) | Signature (Required) |
| 9592 NC 41 Hwy W | 1437 Paul Briss Rd |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC 28320 | Bladenboro NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-6-18 | |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public — Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DANIEL ROSS DOWLESS
684 PAUL BRISSON RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 9-29-2018
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 3076 Clayton | 684 Paul Brisson Rd. |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC 28320 | Bladenboro NC 28320 |
| City, State and Zip (Required) 9-29-18 | City, State and Zip (Required) 9-29-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the 9 day of 29, 20 18, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JUDY BRYAN DOWLESS
684 PAUL BRISSON RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 9-29-2018
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

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| Witness #1 | Witness #2 |
|---|---|
| David R Tocoles | Wayne Brown |
| Signature (Required) | Signature (Required) |
| 684 Paul Brisson Rd | 307 Gayton |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC | BLADENBORO, N.C |
| City, State and Zip (Required) 28320 | City, State and Zip (Required) 28320 |
| 9-29-2018 Date | 9-29-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the 9 day of 29, 20 18, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

STEPHEN EDISON DOWLESS
499 EVERS RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 9-28-18

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Lisa Britt | James R Sanders |
| Signature (Required) | Signature (Required) |
| 303 Pecan St 3F | 216 WEBB FARM RD |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | BLADENBORO NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 9-28-18 Date | 9-28-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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AVERY CARROLL
635 PAUL BRISSON RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'* C[redacted]

S[redacted] 9-27-18 Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

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| Witness #1 | Witness #2 |
|---|---|
| Lisa Britt | James R Singleton |
| Signature (Required) | Signature (Required) |
| 303 Pecan St 3F | 216 WEBB FAULK RD |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | BLADENBORO, NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 9-27-18 Date | 9-27-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SANDRA HOOKS DOWLESS
303 PECAN ST # 3F
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' C*

[redacted]

X [redacted] 9-28-18
Sig Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Lisa Britt | Beverly Dyer |
| Signature (Required) | Signature (Required) |
| 303 Pecan St 3F | 303 Pecan St 3F |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | Bladenboro, NC 28320 |
| City, State and Zip (Required) 9-28-18 | City, State and Zip (Required) 9-28-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SAMANTHA L HAMMOND
604 WEBB FAULK RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] **ion 2** of the *Witnesses'*

10/17/18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 216 WEBB FAULK RD | 371 Sunset Park Rd |
| Street Address (Required) | Street Address (Required) |
| BLADENBORO, NC 28320 | Bladenboro, NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-17-18 Date | 10-17-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED
OCT 01 2018
BLADEN CO. BD. OF ELECTIONS

TIME____ REC'D BY_____
BLADEN CO. BD. OF ELECTIONS

DELTON EUGENE ARD JR
802 PINE RIDGE CIR
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 9/27/18
Signature Date

_____
Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| James R Boughton | Lisa Britt |
| Signature (Required) | Signature (Required) |
| 216 WEBB FAULK RD | 303 Pecan St 3F |
| Street Address (Required) | Street Address (Required) |
| BLADENBORO, NC 28320 | Bladenboro, NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 9-27-18 | 9-27-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BENJAMIN CRAIG BENTON
312 PINE RIDGE CIR
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Boar[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 9-27-18
Sign Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 303 PECAN ST (2-H) | 303 Pecan St 2F |
| Street Address (Required) | Street Address (Required) |
| BLADENBORO NC 28320 | Bladenboro N.C. |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 9-27-18 | 28320 9-27-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

HOPE M BULLARD
128 J A CARROLL RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Boa...

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In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

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OR

[redacted] n 2 of the *Witnesses'*

9-30-18
Date

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

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| Witness #1 | Witness #2 |
|---|---|
| Vivian H. McDaniel | Houghton McDaniel |
| Signature (Required) | Signature (Required) |
| 9343 HWY 131 28320 | 9343 Hwy. 131 |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, N.C | Bladenboro N.C. 28320 |
| City, State and Zip (Required) 9-30-18 Date | City, State and Zip (Required) 9-30-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

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STEPHEN DEVON BULLARD
128 J A CARROLL RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Boa

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In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 9-30-18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Vivian H. McDaniel | Hughton McDaniel |
| Signature (Required) | Signature (Required) |
| 9343 HWY 131 | 9343 Hwy. 131 |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, N.C. 28320 | Bladenboro N.C. 28320 |
| City, State and Zip (Required) 9-30-18 Date | City, State and Zip (Required) 9-30-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED
OCT 03 2018
TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

LOUISE AUTRY WHITE
602 VILLAGE ST
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10.2.18
Signature of Voter (Required) Date

_____
Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Penelope W. Waeters | Maura White |
| Signature (Required) | Signature (Required) |
| 15020 NC Hwy 242 S | 2181 3rd Ave |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC 28320 | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-2-18 Date | 10-2-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JESSICA KAREN DOWLESS
2766 TWISTED HICKORY RD
ELIZABETHTOWN, NC 28337

REP - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 10-3-18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Virginia Eaddy | Lisa Britt |
| Signature (Required) | Signature (Required) |
| 401 Edwards Ave. | 303 Pecan St 3F |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | Bladenboro, NC 28320 |
| City, State and Zip (Required) 10-3-18 Date | City, State and Zip (Required) 10-3-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**
**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SHARON HEUSTESS
37 STORMS RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted]

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Anthony U. Gl | Lula Edwards |
| Signature (Required) | Signature (Required) |
| 303 PECAN ST (2-H) | 59 storms Rd. |
| Street Address (Required) | Street Address (Required) |
| BLADENBORO | Bladenboro, NC |
| City, State and Zip (Required) | City, State and Zip (Required) |
| NC 28320 11-18 | 11/1/18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ANDREA LYNN HEVERLY
2305 GUYTON RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Board Approval Date

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

RECEIVED
OCT 01 2018

Signature of Voter (if applicable)

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10-1-18
Signature Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 2305 Guyton Rd | 2305 Guyton Rd |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | Bladenboro NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-1-18 Date | 10-1-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BRENTON KEITH HEVERLY II
2305 GUYTON RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

RECEIVED
OCT 2 2018
BLADEN CO. BD. OF ELECTIONS
TIME

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] of the *Witnesses'*

10-1-18
Date

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Andrea Heverly | [illegible] |
| Signature (Required) | Signature (Required) |
| 2305 Guyton Rd | 2305 Guyton Rd |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC 28320 | Bladenboro, NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-1-18 | 10-1-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MARY BETH IVEY
10850 CENTER RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 9-29-18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Lisa Britt | James R Singletary |
| Signature (Required) | Signature (Required) |
| 303 Acan St 3F | 216 WEBB FAULK RD |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC 28320 | BLADENBORO, NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 9-29-18 | 9-29-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

Returned By Voter 9-24-18

ANTHONY JENNINGS JOHNSON
303 PECAN ST # 2H
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Bo[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 9-27-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Roy Dean | W Norm Skipper |
| Signature (Required) | Signature (Required) |
| 114 MIDWAY DR | 306 MIDWAY DR. |
| Street Address (Required) | Street Address (Required) |
| BLADENBORO NC | BLADENBORO N.C. |
| City, State and Zip (Required) 28320 9/27/18 | City, State and Zip (Required) 28320 9-27-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JERRY W LESSANE
52 POMPIE RD
ELIZABETHTOWN, NC 28337

REP - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 9-27-18
Signature Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Jerry Lessane | Benjamin Craig Bost |
| Signature (Required) | Signature (Required) |
| 52 Pompie Rd. | 312 Pine Ridge Circle |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown N.C. 28337 | Bladenboro NC 28320 |
| City, State and Zip (Required) 9-27-18 Date | City, State and Zip (Required) 9-27-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LOUISE HERRING LITTLE
10081 NC 131 HWY
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 10-5-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Sheila L. Christian | Lisa Britt |
| Signature (Required) | Signature (Required) |
| 10081 HWY 131 | 303 Pecan St SE |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC 28320 | Bladenboro, NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-5-18 Date | 10-5-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RICHARD M LONG
48 HILLSIDE CIR
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted]

9-28-18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| James R Bengtson | Lisa Britt |
| Signature (Required) | Signature (Required) |
| 216 WEBB FARM RD | 303 Pecan St 3F |
| Street Address (Required) | Street Address (Required) |
| BLADENBORO, NC 28320 | Bladenboro, NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 9-28-18 Date | 9-28-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

HUGHLON L MCDANIEL
9343 NC 131 HWY
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to-me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☑ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 9-30-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| | |
| Signature (Required) | Signature (Required) |
| Street Address (Required) | Street Address (Required) |
| City, State and Zip (Required) Date | City, State and Zip (Required) Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the 30th day of SEPTEMBER, 20 18, the Voter: HUGHLON L. MCDANIEL personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF North Carolina
COUNTY OF BLADEN

[redacted] 7-1-2023
Notary Public Commission Expiration Date

TIFFANY BULLARD NOTARY PUBLIC BLADEN COUNTY NORTH CAROLINA

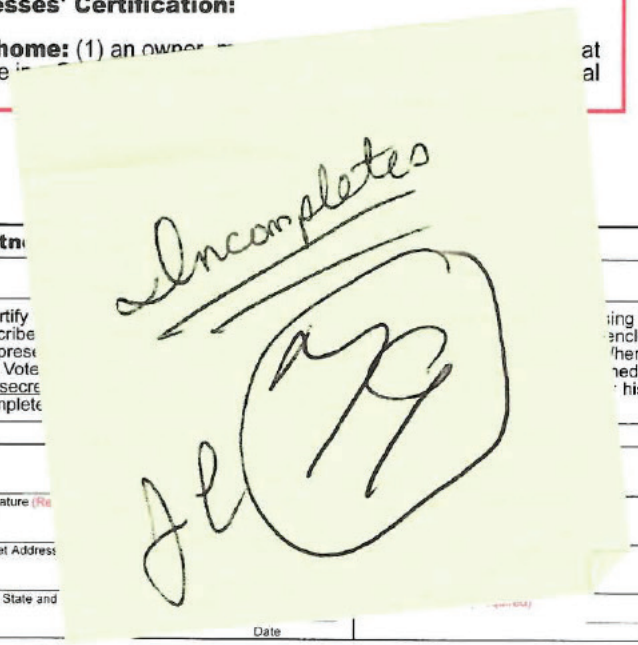
NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner [illegible] at facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office [illegible] al party or organization, or who is a campaign manager or treasurer for any candidate or political party.




VIVIAN HORNE MCDANIEL
9343 NC 131 HWY
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boar[illegible]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☑ [redacted] of the *Witnesses'*

9/29/18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witn[illegible]**

I certify [illegible] ing the ballot as described [illegible] enclosed ballot in my pres[illegible] her instruction • The Vote[illegible] ed • I respected the secr[illegible] his/her request [complete[illegible]

Signature (Re[illegible])

Street Address

City, State and [illegible]

Date Date

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that on the 29th day of September, 20 18 the Voter: VIVIAN HORNE MCDANIEL personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistance Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (NCGS 163-30)*

STATE OF NORTH CAROLINA
COUNTY OF BLADEN

Hope M. Bullard
Notary Public

NOTARY PUBLIC HOPE M BULLARD BLADEN COUNTY NORTH CAROLINA

4-1-2023
Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;

**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LEE HARVEY MCKOY
6709 NC 41 HWY W
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10-8-2018
Signature Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Gary W Bessent | Marvin Lee McKoy |
| Signature (Required) | Signature (Required) |
| 52 Pomeroy rd | 317 Center Road |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown N.C. | Elizabethtown. N.C. |
| City, State and Zip (Required) 28337 | City, State and Zip (Required) 28337 |
| Date 10-8-18 | Date 10-8-18 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MARVIN LEE MCKOY
317 CENTER RD
ELIZABETHTOWN, NC 28337

REP - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10-1-18
ate

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Jerry W Bruce | Jerry Ray Bunce S.R. |
| Signature (Required) | Signature (Required) |
| 52 POMPEIE RD | 303 Pecan St Apt 11C |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC. 28337 | Bladenboro N.C. 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-1-18 Date | 10-1-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MARGIE LOUISE MCLAMB
296 BLADENBORO AIRPORT RD
BLADENBORO, NC 28320

REP. - BLADEN COUNTY

[redacted]

Bo[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

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I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted]
Signature of Voter (Required) Date 12-5-18

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Lisa Britt | James R Singletary |
| Signature (Required) | Signature (Required) |
| 303 Pecan St 3F | 216 WEBB-FAIRK RD |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | BLADENBORO, NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 12-5-18 | 12-5-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

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KIRBY GLENN WRIGHT
511 J A CARROLL RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

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OR

☐ a [redacted] ete **Option 2** of the *Witnesses'*

X [redacted] 10-5-18
Signature Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Ginger S Easter | Lisa Britt |
| Signature (Required) | Signature (Required) |
| 401 Edwards Ave. | 303 Pecan St 3F |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | Bladenboro, NC 28320 |
| City, State and Zip (Required) 10-5-18 | City, State and Zip (Required) 10-5-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

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MONICA ALISSA WILKES
2305 GUYTON RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

RECEIVED
OCT 01 2018
TIME ____
BLADEN CO. BD. OF ELECTIONS

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 10-1-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

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| Witness #1 | Witness #2 |
|---|---|
| Andrea Heverly | Brenton Heverly |
| Signature (Required) | Signature (Required) |
| 2305 Guyton Rd | 2305 Guyton Rd |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC 28320 | Bladenboro NC 28320 |
| City, State and Zip (Required) 10-1-18 Date | City, State and Zip (Required) 10-1-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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JERRY KENT WARD
2852 TWISTED HICKORY RD
ELIZABETHTOWN, NC 28337

UNA - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

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OR

☐ a [redacted] of the *Witnesses' Ce*

X [redacted] 9-30-18
Sig Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

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| Witness #1 | Witness #2 |
|---|---|
| Brenda Ward | James R Strickland |
| Signature (Required) | Signature (Required) |
| 2852 Twisted Hickory Rd | 216 WEBB FALK RD |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 9-30-18 | BLADENBORO, NC 28320 9-30-18 |
| City, State and Zip (Required) | City, State and Zip (Required) Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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BRENDA LEE WARD
2852 TWISTED HICKORY RD
ELIZABETHTOWN, NC 28337

UNA - BLADEN COUNTY

[redacted]

Boa

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Signature of Voter (if applicable)

Address where application and ballots should be mailed

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OR

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X [redacted] 9-30-18
Signa Date

Name Correction (if applicable)

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Name of Assistant Address of Assistant

X
Signature of Assistant Date

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| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 2852 Twisted Hickory Rd | 216 WEBB FAULK RD |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | BLADENBORO NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 9-30-18 Date | 9-30-18 Date |

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COUNTY OF _____ SEAL

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9/28/18

Delivered By Spouse

SARAH SYKES NORRIS
304 VILLAGE ST # 3-B
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa[redacted]

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Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

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I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 9/27/2018
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Ginger S Edwards | Kelly Hendrix |
| Signature (Required) | Signature (Required) |
| 401 Edwards Ave. | 1568 Tar Heel Rd. |
| Street Address (Required) | Street Address (Required) |
| Bladenboro N.C. 28320 | Tar Heel NC 28392 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 9-27-18 | 9/28/18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;

**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

9/26/18

Delivered By Voter

JOSEPH LLOYD NORRIS
304 VILLAGE ST # 3-B
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 9/27/18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Gregory D. Eason | Kelly Henderson |
| Signature (Required) | Signature (Required) |
| 401 Edwards Ave. | 1568 Tar Heel Rd. |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC 28320 | Tar Heel NC 28392 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 9-27-18 | 9/27/18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ELLA R TYNDALL
208 W WALNUT ST # 6A
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa

**Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

**Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 9-27-18
Signature Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Ginger S Eason | James R Stanton |
| Signature (Required) | Signature (Required) |
| 401 Edwards Ave | 16 WEBB FARM RD |
| Street Address (Required) | Street Address (Required) |
| Bladenboro N.C. 28320 | BLADENBORO N C 28320 |
| City, State and Zip (Required) 9-27-18 Date | City, State and Zip (Required) 9-27-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MARVIN GENE SYKES
114 MIDWAY DR
BLADENBORO, NC 28320

DEM - BLADEN COUNTY

[redacted]

Bo[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 9-30-18
Signature Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Lisa Britt | James R Singletary |
| Signature (Required) | Signature (Required) |
| 303 Pecan St 3F | 216 WEBB FALKRD |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | BLADENBORO, NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 9-30-18 Date | 9-30-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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MARLON B SYKES
304 VILLAGE ST # 3B
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 10/4/18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

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| Witness #1 | Witness #2 |
|---|---|
| Ginger S. Eason | Lisa Britt |
| Signature (Required) | Signature (Required) |
| 40 Edwards Ave. | 303 Pecan St 3F |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | Bladenboro, NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-4-18 Date | 10-4-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

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RODNEY EUGENE STORMS
107 W POPLAR ST
BLADENBORO, NC 28320

DEM - BLADEN COUNTY

[redacted]

Boa

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In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10/28/18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

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| Witness #1 | Witness #2 |
|---|---|
| Rawonda Gordon | [illegible] |
| Signature (Required) | Signature (Required) |
| 107 West Poplar St | 3000 Pinelog Rd |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC 28320 | Whiteville NC 28472 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-28-18 | 10/29/18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

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Returned By Voter 9-27-18

WILLIAM C STOGNER
304 MIDWAY DR
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
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OR

☐ [redacted] of the *Witnesses'*

[redacted] 9-27-18
Date

Name Correction (if applicable)

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Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Ray Queen | Anthony Johnson |
| Signature (Required) | Signature (Required) |
| 114 MIDWAY DR | 303 PECAN ST. (2-H) |
| Street Address (Required) | Street Address (Required) |
| BLADENBORO N-C | BLADENBORO NC |
| City, State and Zip (Required) 28320 9/27/18 Date | City, State and Zip (Required) 28320 9-27-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED
OCT 01 2018
TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

MILDRED ELIZABETH MERRITT
802 PINE RIDGE CIR
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'* C[redacted]

X [redacted] 9/27/18
Signature of Voter (Required) Date

_____
Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| James R Singleton | Lisa Britt |
| Signature (Required) | Signature (Required) |
| 216 WEBB FAULK RD | 303 Pecan St 3F |
| Street Address (Required) | Street Address (Required) |
| BLADENBRO, NC 28320 | Bladenboro, NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 9-27-18 | 9-27-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SHANIA LYNN STEPHENS
310 RONALD BRITT RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Board Approval Date

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] of the *Witnesses'*

10/7/18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Jessica K. Dowless | [signature] |
| Signature (Required) | Signature (Required) |
| 2766 Twisted Hickory Rd | 2766 Twisted Hickory Rd |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Elizabethtown |
| City, State and Zip (Required) 10/7/18 Date | City, State and Zip (Required) NC 28337 10/7/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SANDY LEE SHAW
2852 TWISTED HICKORY RD
ELIZABETHTOWN, NC 28337

REP - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

☐ [redacted] Option 2 of the *Witnesses'*

9-30-2018
Date

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Brenda Lee Ward | Robert L Gardner |
| Signature (Required) | Signature (Required) |
| 2852 Twisted Hickory Rd | 608 Butterwell Rd |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 9-30-18 | 9-30-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED
OCT 01 2018
TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TONY LEE SEVERINE
12031 NC 242 HWY S
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted]

9-28-18
Date

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Lisa Britt | James R Singletary |
| Signature (Required) | Signature (Required) |
| 303 Pecan St 3F | 216 WEBB FAULK RD |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | BLADENBORO, NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 9-28-18 Date | 9-28-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20_____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

_____ _____
Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JEFFREY TODD MERRITT
183 SUGGS-TAYLOR RD
ELIZABETHTOWN, NC 28337

REP - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10-9-18
Signature Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Jessica K. Dawless | [signature] |
| Signature (Required) | Signature (Required) |
| 2766 Twisted Hickory Rd. | 135 Hog Pen Hill Road |
| Street Address (Required) | Street Address (Required) |
| E-town N.C. 28337 | Bladenboro N.C. |
| City, State and Zip (Required) 10-9-18 Date | City, State and Zip (Required) 10-9-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

KIMBERLY SUE ROBINSON
303 PECAN ST # 6B
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**
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☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] he *Witnesses'*

10-8-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Brian S. Eason | Carol Kellam |
| Signature (Required) | Signature (Required) |
| 401 Edwards Ave | 500 Chestnut |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, N.C. 28320 | Bladenboro NC |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-8-18 | 28320 10-8-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;

**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JUDY ANN MCLEOD
209 W WALNUT ST # 3D
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted]

9-27-18
Date

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Ginger S. Eason | James R Singleton |
| Signature (Required) | Signature (Required) |
| 401 Edwards Ave | 216 WEBB FARM RD |
| Street Address (Required) | Street Address (Required) |
| Bladenboro N.C. 28320 | BLADENBORO, NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 9-27-18 | 9-27-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;

**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CJP CJP

CHALMERS J PAIT
30 HOLLY BRITT CT
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option** 1 of the *Witnesses' Certification*)

OR

☐ a [redacted] the *Witnesses'*

10-6-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Jessica Dowless | [signature] |
| Signature (Required) | Signature (Required) |
| 2766 Twisted Hickory Rd. | 2766 Twisted Hickory Rd |
| Street Address (Required) | Street Address (Required) |
| E-town NC. 28337 | Elizabethtown NC |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/6/18 Date | 28337 10/6/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Chapter 163 of the N.C. General Statutes

**The foll** **ne Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the c ... relative;
**For voters who are patients or resid** ... **hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ROGER LANE STORMS
7242 NC 211 HWY W
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] ses'

10/31/2018

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 371 Sunset Park Rd. | 600 North Main St |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 2832 | Bladenboro NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/31/2018 Date | 10/31/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CHRISTY CHESHIRE STORMS
7242 NC 211 HWY W
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa[redacted]

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In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10/31/18

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 371 Sunset Park Road | 600 North Main St |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC 28320 | Bladenboro NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/31/2018 | 10/31/18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED
OCT 27 2018
BLADEN CO. BD. OF ELECTIONS

MORGAN PAIGE BORDEAUX
8104 NC 41 HWY W
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to receive eligible ballots.)

[redacted]

8104 NC Hwy 4W
Address where application and ballots should be mailed
Bladenboro NC 28320

**Voter's Certification (Required)**

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10/5/18
Signature of Voter (Required) Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 8104 NC Hwy 4W | 600 North Main St |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC 28320 | Bladenboro NC 28320 |
| City, State and Zip (Required) 10/5/18 Date | City, State and Zip (Required) 10/5/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

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GENE MICHAEL CARLYLE JR
1034 5TH ST
BLADENBORO, NC 28320

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to

[redacted]

P.O. Box 598 / 1034 [redacted] Bladenboro, NC
Address where application and ballots should be mailed 28320

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' C[redacted]*

X [redacted] 10/31/2018
Signature Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

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| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 3650 Vereen Rd NW | 3850 Harmony Church |
| Street Address (Required) | Street Address (Required) |
| Ash, NC 28420 | Southport, NC 28461 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 11/1/18 Date | 11/1/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

KIM M SPURLING
401 IVEY ST
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 10-5-18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Ginger S. Eason | Lisa Britt |
| Signature (Required) | Signature (Required) |
| 401 Edwards Ave | 303 Acon St 3F |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | Bladenboro, NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-5-18 Date | 10-5-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**
**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DUSTIN DAKOTA SPURLING
104 IVEY ST
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a n[redacted] **Option 2** of the *Witnesses' Ce*

X [redacted] 10-11-18
Sign Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Ginger S. Eason | [signature] |
| Signature (Required) | Signature (Required) |
| 401 Edwards Ave. | 506 Chestnut |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | Bladenboro NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-11-18 | 10/11/18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MARANDA MICHELLE PARKER
136 LUTHER BRISSON RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] plete **Option 2** of the *Witnesses' Ce*

X [redacted] 10-8-18
Sig[redacted] Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Ginger S. Eason | Cheryl Kinlaw |
| Signature (Required) | Signature (Required) |
| 401 Edwards Ave | 500 Chestnut |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, N.C. 28320 | Bladenboro NC |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-8-18 | 10/8/18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ROBERT EARL PACKER JR
8717 NC 131 HWY
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10-10-18
Signature Date

_____
Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Ginger S. Eason | [illegible] |
| Signature (Required) | Signature (Required) |
| 401 Edwards Ave. | 500 Chestnut |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | Bladenboro NC |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-10-18 Date | 28320 10-10-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MCP

MCP

MICHAEL CHASE PACKER
8717 NC 131 HWY
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Bo[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10-10-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 508 Chestnut | 401 Edwards Ave |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC | Bladenboro, N.C. 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/10/18 Date | 10-10-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;

**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CHERYL JANE KINLAW
500 CHESTNUT ST
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Bo[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ [redacted] n 2 of the *Witnesses'*

10-16-18
Date

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Ginger S. Eason | [signature] |
| Signature (Required) | Signature (Required) |
| 404 Edwards Ave. | 8717 NC Hwy 131 |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | Bladenboro N.C. |
| City, State and Zip (Required) 10-10-18 Date | City, State and Zip (Required) 10-10-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;

**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ZACHARY CHANCE HUNT
499 EVERS RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] the *Witnesses'*

9-28-18
Date

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Lisa Britt | James R Singletary |
| Signature (Required) | Signature (Required) |
| 303 Pecan St 3F | 216 WEBB FALK RD |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | BLADENBORO NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 9-28-18 Date | 9-28-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CHRISTINA MAE HESTER
55 HOLLY BRITT CT
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Bo

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted]

X [redacted] 10-11-18
Signature Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 500 Chestnut | 401 Edwards Ave. |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC 28320 | Bladenboro N.C. 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/11/18 Date | 10-11-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

W J EDWARDS SR
314 5TH ST
BLADENBORO, NC 28320

DEM - BLADEN COUNTY

[redacted]

Bo[redacted]

**Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

**Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

[redacted]
Signature of Voter (if applicable)

P.O. Box 691 Bladenboro NC
Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] e **Option 2** of the *Witnesses'* Ce[redacted]

X [redacted] 10-8-18
Sig[redacted] Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Gladys Edwards | Ginger S. Eason |
| Signature (Required) | Signature (Required) |
| 314 5th Street | 401 Edwards Ave. |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | Bladenboro, N.C. 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-8-18 | 10-8-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

GLADYS JANE EDWARDS
314 5TH ST
BLADENBORO, NC 28320

DEM - BLADEN COUNTY

[redacted]

Board Approval Date: _____

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☑ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to

[redacted]

Signature of Voter requesting application

P.O. Box 691 Bladenboro, NC 28320
Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'* [redacted]

[redacted] 10-8-2018
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| W.J. Edwards | Ginger D. Eager |
| Signature (Required) | Signature (Required) |
| 314 5th Street | 408 Edwards Ave. |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, N.C. 28320 | Bladenboro, N.C. 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-8-18 Date | 10-8-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

2-27-18

Delivered By Daughter

VIRGINIA KAY EASON
401 EDWARDS AVE
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boar[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 9-27-18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Ginger S. Eason | James R Stenzler |
| Signature (Required) | Signature (Required) |
| 401 Edwards Ave. | 216 WEBB FARM RD |
| Street Address (Required) | Street Address (Required) |
| Bladenboro N.C. 28320 | BLADENBORO, NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 9-27-18 | 9-27-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**
**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JERRY DWAYNE EASON
757 BALL PARK RD
BLADENBORO, NC 28320

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] 10-6-18

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Kim Spaulding |
| 200 Chestnut st | 104 Ivey St. |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC | Bladenboro, NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/9/18 Date | 10/9/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

Delivered By Voter

GINGER SHEA EASON
401 EDWARDS AVE
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] te **Option 2** of the *Witnesses'*

9-27-18
Date

[redacted]
Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) James R Boughton | Signature (Required) Kim Sparling |
| Street Address (Required) 216 WEBB PAULK RD | Street Address (Required) 104 Ivey St. |
| City, State and Zip (Required) BLADENBORO, NC 28320 | City, State and Zip (Required) Bladenboro NC 28320 |
| Date 9-27-18 | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-20]*

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CHRISTOPHER DELYNN EASON
401 EDWARDS AVE
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa[redacted] Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' C[redacted]*

[redacted] 9-28-18
Signature of Voter (Required) Date

_____
Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 401 Edwards Ave | 404 Ivey St. |
| Street Address (Required) | Street Address (Required) |
| Bladenboro N.C. 28320 | Bladenboro N.C. 28320 |
| City, State and Zip (Required) 9-28-18 Date | City, State and Zip (Required) 9-28-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-30).*

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CHERYL ANN BASS
135 COVENANT COVE
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] plete **Option 2** of the *Witnesses' C*

X [redacted] 10-5-18
Signature Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Ginger S. Eason | Lisa Britt |
| Signature (Required) | Signature (Required) |
| 401 Edwards Ave. B | 303 Pecan St 3F |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | Bladenboro, NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-5-18 | 10-5-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SHAWNTA LYNETTE LLOYD
1039 S BRADDY PLANTATION RD
COUNCIL, NC 28434

DEM - BLADEN COUNTY

[redacted]

Boar[redacted]

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I [redacted]gible to

[redacted]
Signature of Voter (if applicable)

810 SW 62nd Blvd, Apt. 5
Address where application and ballots should be mailed
Gainesville, FL, 32607

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X
Signature of Voter (Required) Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 4915 NW 21st Drive | 15027 NW 31st Ter |
| Street Address (Required) | Street Address (Required) |
| Gainesville, FL 32605 | Gainesville, FL 32609 |
| City, State and Zip (Required) 10/15/2018 Date | City, State and Zip (Required) 10/15/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

THOMAS LAWRENCE GITCHEL
407 4TH ST
BLADENBORO, NC 28320

DEM - BLADEN COUNTY

[redacted]

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other e[redacted] to p[redacted]

[redacted]
Signature of Voter (if applicable)

407 4th Street
Address where application and ballots should be mailed

Bladenboro NC 28320

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] *Witnesses'*

10/8/18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

NCSBE v2018.02

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Marlene Marie Gitchel | Onya Long |
| Signature (Required) | Signature (Required) |
| 407 4th ST | 60 North Main St |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, N.C. 28320 | Bladenboro NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-8-18 | 10-08-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BILLY R SHAW
114 MIDWAY DR
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boar

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 9-27-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

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| Witness #1 | Witness #2 |
|---|---|
| James R Singleton | Lisa Britt |
| Signature (Required) | Signature (Required) |
| 216 WEBB FAULK RD | 303 Pecan St 3F |
| Street Address (Required) | Street Address (Required) |
| BLADENBORO, NC 28320 | Bladenboro, NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 9-27-18 | 9-27-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

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CHARLES ANTHONY HYATT SR
415 BERRY LEWIS RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boar[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

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OR

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[redacted]

Name Correction (if applicable) 10-5-18

**Voter Assistant Certification (if applicable)**

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Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

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| Witness #1 | Witness #2 |
|---|---|
| Teresa S. Hyatt | Debra M. Singletary |
| Signature (Required) | Signature (Required) |
| 415 Berry Lewis Rd | 415 Berry Lewis Rd |
| Street Address (Required) | Street Address (Required) |
| Bladenboro | Bladenboro N. C. |
| City, State and Zip (Required) | City, State and Zip (Required) |
| N. C. 28320 Date 10/5/18 | Date 10-5-18 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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TERESA SINGLETARY HYATT
415 BERRY LEWIS RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
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Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] **Option 2** of the *Witnesses'*

10-5-18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Wendy P Hester | Debra M. Singletary |
| Signature (Required) | Signature (Required) |
| 371 Sunset Park Rd | 415 Berry Lewis Rd |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | Bladenboro NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-5-2018 | |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DEBRA MICHELLE SINGLETARY
415 BERRY LEWIS RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 10-5-2018

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Wendy D Hester | Teresa S Hyatt |
| Signature (Required) | Signature (Required) |
| 371 Sunset Park Rd | 415 Berry Lewis Rd |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | Bladenboro NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-5-2018 | 10-5-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ELBERT GREGORY LEWIS
82 LEWIS POCKET
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] witnesses' C[redacted]

X [redacted] 11-2-2018

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Shannon C Kilpatrick | Wm J Hester |
| Signature (Required) | Signature (Required) |
| 1162 J.A. Carroll rd. | 371 Sunset Park rd |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC 28320 | Bladenboro, NC 28320 |
| City, State and Zip (Required) 11-2-18 Date | City, State and Zip (Required) 11-2-2018 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 108-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JOANNIE FOX WRIGHT
6028 MARSH RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted]

10-1-18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Gaby V. Hunt | Teresa F. Hester |
| Signature (Required) | Signature (Required) |
| 6618 Center Rd | 6618 Center Rd |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | Bladenboro, NC 28320 |
| City, State and Zip (Required) 10-1-18 Date | City, State and Zip (Required) 10.1.18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CHARLES WAYNE CALLIHAN
16244 NC 131 HWY
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted]

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Brian P. Wenell | Valeria Peacock McKoy |
| Signature (Required) | Signature (Required) |
| 1798 NC Hwy 11 | 943 Rice Rd |
| Street Address (Required) | Street Address (Required) |
| Kelly NC 28448 | Whiteville, NC 28472 |
| City, State and Zip (Required) 10/16/18 Date | City, State and Zip (Required) 10-16-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MONNIE COX EDWARDS
215 BUTLER MILL RD
BLADENBORO, NC 28320

DEM - BLADEN COUNTY

[redacted]

Bo[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the [redacted]

☐ *Certification*)

X _____ 10-8-18
Signature of Voter (Required) Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Deborah B. Edwards | Wm J P Heater |
| Signature (Required) | Signature (Required) |
| 157 Luther Brisson Rd | 371 Sunset Park Rd |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC 28320 | Bladenboro, NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-8-18 | 10-8-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SAMUEL HOUSTON EDWARDS
59 LUTHER BRISSON RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Bo[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10-2-18

Signature of Voter (Required) Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X

Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| xDeborah Edwards | [illegible] |
| Signature (Required) | Signature (Required) |
| 157 Luther Brisson Rd | 371 Sunset Park Rd. |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC 28320 | Bladenboro, NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-2-18 | 10-2-2018 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**
**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

TERESA HESTER FELTWELL
502 5TH ST
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted] I am eligible to [redacted]allots.)

[redacted]
Signature of Voter (if applicable)

502 S 5th St. Bladenboro NC 28320
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'* C[redacted]

[redacted] 10-12-18
S[redacted] Date

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Evelyn Hester | Mildred Edwards |
| Signature (Required) | Signature (Required) |
| P.O. Box 1017 | 157 Arthur Brisson Rd |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, N.C. 28320 | Bladenboro NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-12-2018 Date | 10-12-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;

**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

EDWARD SPENCER HESTER
502 5TH ST
BLADENBORO, NC 28320

DEM - BLADEN COUNTY

[redacted]

Board approval date: _____

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☑ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to

[redacted]
Signature of Voter (if applicable)

PO Box 1017 Bladenboro, NC 28320
Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10-2-18

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 587 Kelly Rd. | SD2 5th St |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | Bladenboro NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-2-18 Date | 10-2-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

EVELINA SMITH HESTER
502 5TH ST
BLADENBORO, NC 28320

DEM - BLADEN COUNTY

[redacted]

Bo[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted]

[redacted]
Signature of Voter (if applicable)

P.O. Box 1017 Bladenboro, NC 28320
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10-2-18
Signature of Voter (Required) Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Dixie Forrester | Jessie Fillmore |
| Signature (Required) | Signature (Required) |
| 587 Kelly Rd. | PO Box 1017 502 5th St. |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | Bladenboro NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-2-18 | 10-2-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

GENIA LUPO HESTER
668 SUNSET PARK RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Board Approval Date

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted]llots.)

[redacted]
Signature of Voter (if applicable)

668 Sunset Park Rd Bladenboro, NC 28320
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] of the *Witnesses' Certification*

X [redacted] 9/30/18
Signature Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 6668 Sunset Park Rd | 669 sunset Park Rd |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | Bladenboro NC 28320 |
| City, State and Zip (Required) 9/30/18 Date | City, State and Zip (Required) 9/30/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DENNIS FLOYD RICH
759 HOGWALLOW RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10/16/18
Signature Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Woody D Hester 371 Sunset Park Rd
Name of Assistant Address of Assistant

X Woody D Hester 10-16-2018
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Woody D Hester | Tonya Long |
| Signature (Required) | Signature (Required) |
| 371 Sunset Park rd | 600 North Main St |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | Bladenboro NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-16-2018 | 10-16-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JOSHUA BLAKE SMITH
389 SUNSET PARK RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] e **Option 2** of the *Witnesses'*

10-3-2018
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Wndy D Hester 371 Sunset Park Rd
Name of Assistant Address of Assistant

x Wndy D Hester 10/3/2018
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| 10/3/18 | Wndy Hester |
| Signature (Required) | Signature (Required) |
| 175 3rd St Dublin NC | 371 Sunset Park Rd |
| Street Address (Required) | Street Address (Required) |
| Dublin NC 28332 | Bladenboro, NC 2832 |
| City, State and Zip (Required) Date 10/3/18 | City, State and Zip (Required) 10/3/2018 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

VELMA DAVIS
334 VICTORIA DR
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10-9-18
Signature Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Kelly Hendrix | [signature] |
| Signature (Required) | Signature (Required) |
| 1568 Tar Heel Rd. | 500 Chestnut St |
| Street Address (Required) | Street Address (Required) |
| Tar Heel NC 28392 | Bladenboro NC |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/9/18 | 10/10/18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 108-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ELIZABETH YVONNE NANCE
2850 BURNEY RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Boar

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 10-06-18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Emily Cain | Yvonne Chest |
| Signature (Required) | Signature (Required) |
| 9605 Kennebec Rd | 2850 Burney Rd |
| Street Address (Required) | Street Address (Required) |
| Willas Springs NC 27892 | Bladenboro NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-6-18 Date | 10-6 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section]

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DARLENE MARIE GITCHEL
407 4TH ST
BLADENBORO, NC 28320

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other

[redacted]

407 4th Street
Address where application and ballots should be mailed
Bladenboro NC 28320

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] *Witnesses'*

10-848

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Thomas Lawrence Stahl | Dinya Laney |
| Signature (Required) | Signature (Required) |
| 407 4th St. | 600 North Main St |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC. | Bladenboro NC 28320 |
| City, State and Zip (Required) 28320 | City, State and Zip (Required) |
| Date 10/8/18 | Date 10-5-18 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

WANDA LEE BRITT
145 ED SESSOMS RD
CLARKTON, NC 28433

UNA - BLADEN COUNTY

[redacted]

Boa[redacted]

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10/24/2018
Signature Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Billy Ray Britt | Patricia Inscoe |
| Signature (Required) | Signature (Required) |
| 145 Ed Sessoms Rd | 160 Soup Haire Rd |
| Street Address (Required) | Street Address (Required) |
| Clarkton NC 28433 | Elizabethtown, NC |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-25-18 | 28337 10/25/18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SHARYN SILER STEVENS
56 DAVIS FARM RD
ST. PAULS, NC 28384

DEM - BLADEN COUNTY

[redacted]

Boa

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted] eligible ballots.)

[redacted]

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'* C

[redacted] 10/17/18
S Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Della Bayley | Robi B. Pope |
| Signature (Required) | Signature (Required) |
| 74 Davis Farm Rd. | 277 Pages Lake Rd |
| Street Address (Required) | Street Address (Required) |
| St. Pauls NC 28384 | St. Pauls NC 28384 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-17-18 Date | 10-17-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DEMETRIO PENA SIERRA
805 RIVERSIDE DR
ELIZABETHTOWN, NC 28337

UNA - BLADEN COUNTY

[redacted]

Bo[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10-9-18
Sig Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

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| Witness #1 | Witness #2 |
|---|---|
| [redacted] | Marina Pena |
| Signature (Required) | Signature (Required) |
| 805 Riverside Dr | 805 Riverside Dr |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/9/18 Date | 10-9-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CHRISTOPHER MICHAEL BARNES HORRELL
1272 BAY TREE DR
HARRELLS, NC 28444

UNA - BLADEN COUNTY

[redacted]

Bo[redacted]

**Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10/16
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| [redacted] | Jackson Chambers |
| Signature (Required) | Signature (Required) |
| 241 N. Wingate St | 1126 Thornrose Way |
| Street Address (Required) | Street Address (Required) |
| Wake Forest, NC 27587 | Wake Forest, NC 27587 |
| City, State and Zip (Required) 10/15/18 Date | City, State and Zip (Required) 10/15/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ADRAINNIE CAROL PETITT
12849 NC 131 HWY
BLADENBORO, NC 28320

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 10/23/18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Na[redacted]
Sig[redacted] 10/23/18
Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| [redacted] | Judy Kuchinka |
| Signature (Required) | Signature (Required) |
| 12849 Hwy 131 | 714 East Bladen St. |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC. 28320 | Bladenboro N.C. 28320 |
| City, State and Zip (Required) 10/24/18 Date | City, State and Zip (Required) 10-27-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**
**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BRENDA GAIL SYKES
1260 GUYTON RD
BLADENBORO, NC 28320

DEM - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] *Witnesses' Ce*

X [redacted] 10-8-18
Sig Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Donna B Cagle | J. Wayne Cagle |
| Signature (Required) | Signature (Required) |
| 1260 Guyton Rd | 1260 Guyton Rd |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC 28320 | Bladenboro, NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/8/2018 | 10-8-20 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ELOISE LITTLE MCKEE
419 ELIZABETHTOWN RD # 8A
BLADENBORO, NC 28320

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

[redacted]
Signature of voter (if applicable)

11-19 Elizabethtown RD #8A
Address where application and ballots should be mailed
Bladenboro NC 28320

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 10-6-18
Signature (Required) Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| | Lincoln McKee |
| Signature (Required) Reona Johnson | Signature (Required) 419-Elizabethtown RD #8A |
| Street Address (Required) 3156 HWY 211 W | Street Address (Required) BLADENBORO NC 28320 |
| City, State and Zip (Required) Clarkton, NC, 28433 10/10/18 Date | City, State and Zip (Required) 10-9-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ZHANE GABRIELLE MITCHELL
3371 CROMARTIE RD
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' C*[redacted]

X _____ 10/12/18
Signature Date

_____
Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| DEBORAH MONROE | Lola Wester |
| Signature (Required) | Signature (Required) |
| 41 Clyde Hatcher Rd | 108 Lewis Dr |
| Street Address (Required) | Street Address (Required) |
| Council N.C. 28434 | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-12-18 Date | 10/12/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CAROLYN M BALLARD
266 SHORT HILLS DR
TAR HEEL, NC 28392

DEM - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10-25-18
Signature Date

_____
Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Donald Ballard | Donnisha R. Ballard |
| Signature (Required) | Signature (Required) |
| 266 Shorthills Dr. | 7010 Twisted Oaks Dr |
| Street Address (Required) | Street Address (Required) |
| Tar Heel NC 28392 | Fayetteville NC 28312 |
| City, State and Zip (Required) 10-25-18 Date | City, State and Zip (Required) 10-25-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

# [illegible]n and Certificate

**Fraudulently or Falsely completing this form is a [illegible]lass I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**all voters:** a candidate, UNLESS the candidate is the voter's near relative;

**or voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JOHN DANIEL CAIN
456 PAGES LAKE RD
ST. PAULS, NC 28384

[redacted] - BLADEN COUNTY

[redacted]

Bo[illegible]

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to to me. (Check the box to receive eligible ballots.)

☑ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [illegible]igible to

[redacted]

S[illegible]

Ad[illegible]

Mr. John Cain
456 Pages Lake Rd
Saint Pauls, NC 2838[illegible]

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a nota[redacted]**on 2** of the *Witnesses' Certif*

X [redacted] 10-4-2018
Signatu[illegible] Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| Street Address (Required) 456 Pages Lake Rd. | Street Address (Required) 456 Pages Lake Rd |
| City, State and Zip (Required) St. Pauls N.C. 10-4-18 Date | City, State and Zip (Required) Saint Pauls N.C. 10-4-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;

**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JAMES H MITCHELL
3371 CROMARTIE RD
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10-13-2018
Signature Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Shaneque Mitchell | [illegible] |
| Signature (Required) | Signature (Required) |
| 244 McAdam Dr. | 3371 Cromartie Rd. |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Elizabethtown, NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-13-18 | 10-13-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**
**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

GEORGE WORTHER ANDREWS JR
256 BRIGHTEN RD
RIEGELWOOD, NC 28456

DEM - BLADEN COUNTY

[redacted]

Bo

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☒ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10/5/15
Sign Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| | |
| Signature (Required) | Signature (Required) |
| Street Address (Required) | Street Address (Required) |
| City, State and Zip (Required) | City, State and Zip (Required) |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the 5th day of October 2015, the Voter George W. Andrews personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF NC
COUNTY OF Bladen

Rhunetta Brown
Notary Public

2015
Commission Expiration Date

RHUNETTA BROWN NOTARY PUBLIC BLADEN COUNTY NC

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;

**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LOLA ANN CAIN
456 PAGES LAKE RD
ST. PAULS, NC 28384

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to

[redacted]

456 Pages lake Rd
Address where application and ballots should be mailed
St. Pauls N.C. 28384

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10/4/18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| X John Daniel Cain | X Stacy Cain |
| Signature (Required) | Signature (Required) |
| 456 Pages lake Rd. | 456 Pages lake Rd. |
| Street Address (Required) | Street Address (Required) |
| St. Pauls N.C. 10/4/18 | St. Pauls N.C. 10/4/18 |
| City, State and Zip (Required) Date | City, State and Zip (Required) Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;

**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JACQUELINE SUE BLACKMON
410 5TH ST
BLADENBORO, NC 28320

DEM - BLADEN COUNTY

[redacted]

Bo

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

[redacted]

410 5th St Bladenboro N.C. 28320
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 10-8-18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Michelle Ward | Brittany Daniels |
| Signature (Required) | Signature (Required) |
| 1657 Old Cribb Town | 14064 Twisted Hickory Rd |
| Street Address (Required) | Street Address (Required) |
| Whiteville NC 28472 | Bladenboro, NC, 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-8-18 | 10-13-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LYNARD A JOHNSON
1897 CABBAGE RD
BLADENBORO, NC 28320

DEM - BLADEN COUNTY

[redacted]

Boar

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Cer*

[redacted]

X
Sign 10/14/18 Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Layne Johnson 1897 Cabbage Rd Bladenboro NC 28320
Name of Assistant Address of Assistant

X [signature] 10/14/18
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| [signature] | [signature] |
| Signature (Required) | Signature (Required) |
| 1897 Cabbage Rd | ID August |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC | Cam NC |
| City, State and Zip (Required) 28320 10/13/18 Date | City, State and Zip (Required) 27511 10/13/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ANDREW EDWARD PETITT
12849 NC 131 HWY
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa[redacted]

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted] I am eligible to [redacted]llots.)

[redacted]

12849 NC HWY 131 BLADENBORO, NC
Address where application and ballots should be mailed 28320

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] **tion 2** of the *Witnesses'* Ce[redacted]

X [redacted] 10/23/18
Sig[redacted] Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Adrienne C. Petitt | Judy Kuchinka |
| Signature (Required) | Signature (Required) |
| 12849 HWY 131 | 114 E. Bladen St |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC 28320 | Bladenboro, N.C. 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| Date | 10-23-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SHANE CHARLESTON TODD
85 OLD ABBOTTSBURG RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Bo[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] *Witnesses'* C[redacted]

X [redacted] Date 10/30/18

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) Chandel Lynn Layne Todd | Signature (Required) Alena Carpe Todd |
| Street Address (Required) 85 Old Abbottsburg Rd | Street Address (Required) 85 Old Abbottsburg Rd. |
| City, State and Zip (Required) Bladenboro, NC. 28320 | City, State and Zip (Required) Bladenboro, NC 28320 |
| Date 10/30/18 | Date 10/30/18 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CHANDOLYN LAYNE TODD
85 OLD ABBOTTSBURG RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] of the *Witnesses'*

10/30/18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Shane Todd | Chandolyn L. Todd |
| Signature (Required) | Signature (Required) |
| 850 E Abbottsburg Rd. | 85 Old Abbottsburg Rd. |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | Bladenboro, NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/30/18 Date | 10/30/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;

**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

REGINA CAGLE TODD
85 OLD ABBOTTSBURG RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'* Ce

X [redacted] 10/30/18
Sig Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Shane Todd | Chandalyn Layne Todd |
| Signature (Required) | Signature (Required) |
| 850 H Abbottsburg Rd. | 850 H Abbottsburg Rd. |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC. 28320 | Bladenboro N C. |
| City, State and Zip (Required) 10/30/18 Date | City, State and Zip (Required) 28320 10/30/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;

**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CIV-648 Ballot: G001
CYNTHIA ANN DICICCO
PCT/VTD:P501/P501 Muni:
11/06/2018 - GENERAL

CYNTHIA ANN DICICCO
[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10-7-18
Signature Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) Michelle B. Mich | Signature (Required) Hemly Hester |
| Street Address (Required) 2220 Owen Hill Rd | Street Address (Required) 766 E NC 242 hwy S |
| City, State and Zip (Required) Elizabethtown NC 28337 10/7/18 Date | City, State and Zip (Required) Clarkesboro 28320 10/7/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MARTHA S WALTERS
1889 PEANUT PLANT RD
ELIZABETHTOWN, NC 28337

UNA - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10/31/18
Signature Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

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| Witness #1 | Witness #2 |
|---|---|
| Carolyn Scoggins | Al Scoggins |
| Signature (Required) Carolyn Scoggins | Signature (Required) Al Scoggins |
| Street Address (Required) 2531 Peanut Plant Rd | Street Address (Required) 2531 Peanut Plant Rd |
| City, State and Zip (Required) Elizabethtown, NC 28337 10/31/18 | City, State and Zip (Required) Elizabethtown, NC 28337 10/31/18 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SHANEQUE SHANTELL MITCHELL
3371 CROMARTIE RD
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'* C

[redacted] 10/12/2018
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
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I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Lola Webster | Sandra Gwin |
| Signature (Required) | Signature (Required) |
| 108 Lewis DR | 1813 Vine St. |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Elizabethtown NC 28337 |
| City, State and Zip (Required) 10/12/18 Date | City, State and Zip (Required) 10-12-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JANICE LONG LEWIS
5218 MARSH RD
BLADENBORO, NC 28320

DEM - BLADEN COUNTY

[redacted]

[redacted]quest
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

**Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted].)

[redacted]

5218 Marsh Rd Bladenboro NC 28320
Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 10-19-18
Date

[redacted]

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Maria S Bryan | Janice Lewis |
| Signature (Required) | Signature (Required) |
| 190 J Hill Acres Rd | 5218 Marsh Rd. |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC 28320 | Bladenboro NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-19-18 | 10-18-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DEAN PATRICK RUSS
813 VILLAGE ST
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

☐ **Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

☐ [redacted] of the *Witnesses'*

_____ 10-9-18
Date

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 401 Edwards Ave | 500 Chestnut |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, N.C. 28320 | Bladenboro NC |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-9-18 Date | 10/9/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**
**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DORIS LEWIS MCLAURIN
644 AVENUE AVE
WHITE OAK, NC 28399

DEM - BLADEN COUNTY

[redacted]

☐ **…uest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'* C…

[redacted]

S… Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Lola Wooten — 108 Lewis DR Elizabethtown
Name of Assistant — Address of Assistant

x Lola Wooten
Signature of Assistant — Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Lola Wooten | Sandra Graves |
| Signature (Required) | Signature (Required) |
| 108 Lewis DR | 1813 Vine St. |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/12/18 Date | 10-12-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public — Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ALVIS VONE CARPENTER
81 HAYES MCKOY RD
WHITE OAK, NC 28399

DEM - BLADEN COUNTY

[redacted]

☐ **quest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] of the *Witnesses' Ce*

✓ X [redacted] Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

[redacted] sistant

X [redacted] Date

NCSBE v2018.02

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 119 Hayes McKoy Rd | 81 Hayes McKoy Road |
| Street Address (Required) | Street Address (Required) |
| White Oak N.C | White Oak, N.C. 28399 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/25/18 Date | 10/25/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ARTIS MCLAURIN
644 AVENUE AVE
WHITE OAK, NC 28399

DEM - BLADEN COUNTY

[redacted]

☐ **...est**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'* C...

[redacted] 10/12/18
Signature of Voter (Required) Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Sandra Guion 1813 Vine St Elizabethtown NC 28337
Name of Assistant Address of Assistant

X Sandra Guion 10-12-18
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Sandra Guion | Lola Weeks |
| Signature (Required) | Signature (Required) |
| 1813 Vine St | 108 Lewis DR |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Elizabethtown NC 28337 |
| City, State and Zip (Required) 10-12-18 Date | City, State and Zip (Required) 10/12/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DONALD DEVON JESSUP
202 AVENUE AVE
WHITE OAK, NC 28399

DEM - BLADEN COUNTY

[redacted]

☐ **quest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Cer*[redacted]

X
Signa[redacted] Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Lola Wooten 108 Lewis DR El Zabethtown
Name of Assistant Address of Assistant

X Lola Wooten
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| DEBORAH MONROE | Lola Wooten |
| Signature (Required) | Signature (Required) |
| 81 Clyde Hatcher Rd | 108 Lewis DR |
| Street Address (Required) | Street Address (Required) |
| Council NC 28434 | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-12-18 | 10/12/18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SALLY MAE LLOYD
148 AVENUE AVE
WHITE OAK, NC 28399

DEM - BLADEN COUNTY

[redacted]

☐ **Annual Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☐ a [redacted] of the *Witnesses'* C[redacted]

X [redacted] Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Sandra Gurin — 1813 Vine St Elizabethtown NC 28337
Name of Assistant — Address of Assistant

X Sandra Gurin — 10-12-18
Signature of Assistant — Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| DEBORAH MONROE | Sandra Gurin |
| Signature (Required) | Signature (Required) |
| 81 Clyde Hatcher Rd | 1813 Vine St |
| Street Address (Required) | Street Address (Required) |
| Council NC 28434 | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-12-18 | 10-12-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public — Commission Expiration Date

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**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SABRINA LLOYD RICHARDSON
8110 NC 53 HWY W
WHITE OAK, NC 28399

DEM - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] **Option 2** of the *Witnesses'* C[redacted]

X [redacted] Oct 15, 2018
Si[redacted] Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| DEBORAH MONROE | Sandra Hines |
| Signature (Required) | Signature (Required) |
| 81 Clyde Hatcher Rd | 1813 Vine St. |
| Street Address (Required) | Street Address (Required) |
| Council NC. 28434 | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-15-18 | 10-15-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**
**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CAMERON KHALIL FIELDS
1171 GRAHAM RD
RIEGELWOOD, NC 28456

DEM - BLADEN COUNTY

[redacted]

☐ **Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'* C[redacted]

S[redacted] 10/10/18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 1171 Graham Rd | 1171 Graham Rd |
| Street Address (Required) | Street Address (Required) |
| Riegelwood, NC 28456 | Riegelwood, NC 28456 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-10-18 | 10/10/18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SHANTELL MCLEAN
1171 GRAHAM RD
RIEGELWOOD, NC 28456

DEM - BLADEN COUNTY

[redacted]

☐ **equest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] f the *Witnesses'*

10/10/18
Date

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 1171 Graham Rd | 1171 graham rd |
| Street Address (Required) | Street Address (Required) |
| Riegelwood NC 28456 | Riegelwood NC 28456 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10 10 18 | 10/10/18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED
OCT 15 2018

TYLER BREEANNA EVANS
3886 MITCHELL FORD RD
CLARKTON, NC 28433

TIME _____ REC'D BY
BLADEN CO. BD. OF ELECTIONS

REP - BLADEN COUNTY

[redacted]

☐ **equest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10/12/18
Signature Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| Street Address (Required) 3886 N Mitchell Ford Rd | Street Address (Required) |
| City, State and Zip (Required) Clarkton NC 28433 | City, State and Zip (Required) |
| Date 10/12/18 | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED
[illegible] 15 2018

RYLIE MARIE EVANS
3886 MITCHELL FORD RD
CLARKTON, NC 28433

UNA - BLADEN COUNTY

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

[redacted]

**[illegible]est**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

**Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10/7/18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 3886 Mitchell Ford Rd | 3886 D. Mitchell Ford Rd |
| Street Address (Required) | Street Address (Required) |
| Clarkton N.C. 28433 | Clarkton NC 28433 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/7/18 Date | 10/7/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ZACKERY JORDAN IVEY
10850 CENTER RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

**quest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☑ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

10850 Center Road Bladenboro NC 28320
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 10-13-18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

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| Witness #1 | Witness #2 |
|---|---|
| Mary Bethea | Billie C. Lewis |
| Signature (Required) | Signature (Required) |
| 10850 Center Rd | 10812 Center Road |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC 28320 | Bladenboro, NC |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-13-18 | 10-13-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

HAILEIGH MARIE SAHLI
315 MIDWAY DR
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

[redacted]quest
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10/13/2018
Signature Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) Jonathan Judson |
| 500 Chestnut | 341 Lennon Drive |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC 28320 | Bladenboro NC 28320 |
| City, State and Zip (Required) 10/13/18 Date | City, State and Zip (Required) 10-13-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

PENNY LUANN SAHLI
315 MIDWAY DR
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

**Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

**Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] complete **Option 2** of the *Witnesses' C*

X [redacted] 10-13-18
Si Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| [redacted] | Jonathan Judson |
| Signature (Required) | Signature (Required) |
| 500 Chestnut | 314 Lennon Drive |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC 28320 | Bladenboro NC 28320 |
| City, State and Zip (Required) 10/13/18 Date | City, State and Zip (Required) 10/13/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

TED ROLAND SMITH
11502 CENTER RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

☐ **…est**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] 2 of the *Witnesses'*

10-2-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Jessica Dowless | |
| Signature (Required) | Signature (Required) |
| 2766 Twisted Hickory Rd. | 2766 Twisted Hickory Rd |
| Street Address (Required) | Street Address (Required) |
| E-Town N.C 28337 | E-town NC 28337 |
| City, State and Zip (Required) 10/7/18 Date | City, State and Zip (Required) 10/7/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ANGILA RENEE FERGUSON
428 S ASHE ST # 4
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted]

10-11-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Ginger S. Eason | [illegible] |
| Signature (Required) | Signature (Required) |
| 401 Edwards Ave | 500 Chestnut |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | Bladenboro NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-11-18 | 10/11/18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DERRICK HENDRIX
407 VICTORIA DR
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

**uest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10-8-18
Signature Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Kelley Hendrix | Jessica Dawkins |
| Signature (Required) | Signature (Required) |
| 568 Tar Heel Rd. | 2766 Twisted Hickory Rd. |
| Street Address (Required) | Street Address (Required) |
| Tar Heel NC 28392 | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/8/18 | 10-8-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JOHN EDWARD BUNGERT JR
155 HESTER MILL RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Bo[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] the *Witnesses'*

10-8-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Jessica Dawlers | [signature] |
| Signature (Required) | Signature (Required) |
| 2766 Twisted Hickory Rd. | 2766 Twisted Hickory Rd |
| Street Address (Required) | Street Address (Required) |
| E-town N.C. 28337 | Elizabethtown NC |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-8-18 | 28337 10-8-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**
**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ROBERT WAIN JOKELA
23 WILSON RD
WHITE LAKE, NC 28337

DEM - BLADEN COUNTY

[redacted]

Boar[redacted]

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted]

1879 WHITE LAKE DR - 7211
Address where application and ballots should be mailed
ELIZABETHTOWN, NC 28337

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☑ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10/21/2018
Signature Date

Name [redacted]

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| | |
| Signature (Required) | Signature (Required) |
| Street Address (Required) | Street Address (Required) |
| City, State and Zip (Required) | City, State and Zip (Required) |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the 21st day of October, 2018, the Voter: ROBERT WAIN JOKELA personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 163B-30)*

STATE OF NC
COUNTY OF Bladen

Alice N Stevens 03/10/2023
Notary Public Commission Expiration Date

NOTARY PUBLIC BLADEN COUNTY NC

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MARJORIE KURMAY JOKELA
23 WILSON RD
WHITE LAKE, NC 28337

DEM - BLADEN COUNTY

[redacted]

Bo[redacted]

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted]allots.)

[redacted]

1879 White Lake Dr. #7211
Address where application and ballots should be mailed
Elizabethtown, NC. 28337

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☒ a notary public (the notary must complete **Option 2** of the *Witnesses' Ce*[redacted]

X [redacted] 10-21-18
Sig Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| | |
| Signature (Required) | Signature (Required) |
| Street Address (Required) | Street Address (Required) |
| City, State and Zip (Required) | City, State and Zip (Required) |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the 21 day of October 20 18, the Voter: Marjorie K. Jokela personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-20(h)]*

STATE OF NC
COUNTY OF Bladen

Alice G. Freeman — 03/30/2023
Notary Public Commission Expiration Date

ALICE G FREEMAN NOTARY PUBLIC BLADEN COUNTY NC

NCSBE v2018.02

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

PATTY LYNN MOTE
10008 NC 41 HWY E
HARRELLS, NC 28444

UNA - BLADEN COUNTY

[redacted]

Boa[redacted]

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted]hich I am eligible to [redacted]e ballots.)

[redacted]

10008 NC Hwy 41E Harrells NC 28444
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

**OR**

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10-22-18
Signature of Voter (Required) Date

Patricia Mote Johnson
Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Jessica H Butler | Randy Lee Johnson |
| Signature (Required) | Signature (Required) |
| 10008 NC Hwy 41E | 10008 NC Hwy 41E |
| Street Address (Required) | Street Address (Required) |
| Harrells, NC 28444 | Harrells, NC |
| City, State and Zip (Required) 10-22-18 Date | City, State and Zip (Required) 28444 10-22-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JESSICA HANNAH BUTLER
10008 NC 41 HWY E
HARRELLS, NC 28444

UNA - BLADEN COUNTY

[redacted]

Boar[redacted]

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted] ots.)

10008 NC Hwy 41E Harrells NC 28444
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10-22-18
Sig[redacted] Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Patricia "Patty" Mott | Randy Lee Johnson |
| Signature (Required) | Signature (Required) |
| 10008 NC Hwy 41E | 10008 NC Hwy 41E |
| Street Address (Required) | Street Address (Required) |
| Harrells, NC | Harrells NC 28444 |
| City, State and Zip (Required) 28444 | City, State and Zip (Required) |
| 10-22-18 Date | 10-22-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

KIMBERLY WALTERS GAUSE
85 MARVIN HAMMOND DR
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Bo

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☐ a [redacted] 2 of the *Witnesses'*

11/1/18
Date

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

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**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) Kimberly Gause | Signature (Required) Milton Gause |
| Street Address (Required) 85 Marvin Hammond Dr. | Street Address (Required) 10859 NC 41 W |
| City, State and Zip (Required) Bladenboro, NC Date 11/1/18 | City, State and Zip (Required) Bladenboro, NC Date 11/1/18 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LORNE PHILLIP GAUSE
85 MARVIN HAMMOND DR
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Bo[redacted]

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 11/1/18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Kimberly W. Gause | |
| Signature (Required) | Signature (Required) |
| 85 Marvin Hammond Dr | 10859 NC 41 W |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC Date 11/1/18 | Bladenboro NC Date 11/1/18 |
| City, State and Zip (Required) | City, State and Zip (Required) |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

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MILTON TIMOTHY GAUSE
137 MARVIN HAMMOND DR
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ [redacted] tion 2 of the *Witnesses'*

10/7/18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

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| Witness #1 | Witness #2 |
|---|---|
| John Gause | Jean Cook |
| Signature (Required) | Signature (Required) |
| 137 Marvin Hammond Dr. | 8333 Hwy 131 Bladenboro |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC 28320 | Bladenboro NC. 28320 |
| City, State and Zip (Required) 10/7/18 Date | City, State and Zip (Required) 10/7/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ADAM GLENN ROSE
93 BLUE MOON DR
ELIZABETHTOWN, NC 28337

UNA - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
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Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**
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I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

☐ a [redacted] plete **Option 2** of the *Witnesses'*

10-7-2018
Signature of Voter (Required) Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| Street Address (Required) 8333 Hwy 131 Blarden | Street Address (Required) 137 Marvin Hammond |
| City, State and Zip (Required) Blarden Boro NC 28320 10-9-18 | City, State and Zip (Required) Bladenboro NC 28320 10-9-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

APRIL DENISE CAULDER
10606 NC 41 HWY W
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa[redacted]

**Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

**Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] **Option 2** of the *Witnesses'* C[redacted]

X [redacted] 10-8-18
Signature of Voter (Required) Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 403 Butler Mill Rd | 10606 Hwy 41 W |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC 28320 | Bladenboro NC 28320 |
| City, State and Zip (Required) 10-8-18 Date | City, State and Zip (Required) 10-8-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

PEGGY MCKEE NYE
403 WOODLAND DR
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'* C[redacted]

X [redacted] 10/19/18
Signature Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| EDD Nye | Shannon Kinsey |
| Signature (Required) | Signature (Required) |
| PO Box 8 | 5089 NC Hwy 87 |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown N.C. | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-19-18 | 10/19/18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;

**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

OTIS MITCHELL EVANS
14970 NC 242 HWY S
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'* C[redacted]

X [redacted] 10/25/2018
Signature Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required): Donna L. Evans | Signature (Required): [illegible] |
| Street Address (Required): 14970 NC 242 Hwy S | Street Address (Required): 374 Sunset Park Rd |
| City, State and Zip (Required): Bladenboro, NC 28320 | City, State and Zip (Required): Bladenboro NC 283[illegible] |
| Date: 10/25/2018 | Date: 10/25/2018 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DONNA LOCKLEAR EVANS
14970 NC 242 HWY S
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] e **Option 2** of the *Witnesses'* C[redacted]

Si[redacted] 10/25/2018 Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Otis M Evans | Wanda P Hester |
| Signature (Required) | Signature (Required) |
| 14970 NC 242 HWY South | 37 Sunset Park Rd |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | Bladenboro, NC 28320 |
| City, State and Zip (Required) 10/25/2018 Date | City, State and Zip (Required) 10-25-2018 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

AMBER NICOLLE BILLS
14970 NC 242 HWY S
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10/25/2018
Signature Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Alex M Evans | Wm D Hyatt |
| Signature (Required) | Signature (Required) |
| 14970 NC 242 HWY South | 371 Sunset Ave Rd |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | Bladenboro NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/25/2018 | 10/25/2018 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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RECEIVED
OCT 23 2018

STEPHEN WAYNE BUNN
56 FAYETTEVILLE RD
WHITE LAKE, NC 28337

TIME _____ REC'D BY
BLADEN CO. BD. OF ELECTIONS

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a[redacted] of the *Witnesses'* C[redacted]

3[redacted] 10-22-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Logan Bunn | Kathryn Bellers Bunn |
| Signature (Required) | Signature (Required) |
| 56 Fayetteville Rd | 56 Fayetteville Rd |
| Street Address (Required) | Street Address (Required) |
| White Lake NC | White Lake NC |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-22-18 Date | 10-22-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED
OCT 23 2018
BLADEN CO. BD. OF ELECTIONS

KATHY SELLERS BUNN
56 FAYETTEVILLE RD
WHITE LAKE, NC 28337

TIME _____ REC'D BY _____

DEM - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a n[redacted] *Ce*

X [redacted]
Signature of Voter (Required) Date 10-22-18

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Logan Bunn | Stephen Wayne Bunn |
| Signature (Required) | Signature (Required) |
| 56 Fayetteville Rd | 56 Fayetteville Rd |
| Street Address (Required) | Street Address (Required) |
| White Lake NC | White Lake NC |
| City, State and Zip (Required) 10-22-18 Date | City, State and Zip (Required) 10-22-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED
OCT 23 2018

LOGAN HEWETT BUNN
56 FAYETTEVILLE RD
WHITE LAKE, NC 28337

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

DEM - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10/22/18
Signature of Voter Date

_____
Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Stephen W Bunn | Kathryn Seeley Bunn |
| Signature (Required) | Signature (Required) |
| 56 Fayetteville Rd | 56 Fayetteville Rd |
| Street Address (Required) | Street Address (Required) |
| White Lake NC | White Lake NC |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-22-18 Date | 10-22-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED
OCT 23 2018
BLADEN CO. BD. OF ELECTIONS

STEPHEN ZACHERY BUNN
56 FAYETTEVILLE RD
WHITE LAKE, NC 28337

TIME _____ RECEIVED
All information

DEM - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10-22-18
Signature Date

_____
Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Logan Bunn | Stephen W Bunn |
| Signature (Required) | Signature (Required) |
| 56 Fayetteville Rd | 56 Fayetteville Rd |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC | White Lake NC |
| City, State and Zip (Required) 10/22/18 Date | City, State and Zip (Required) 10-22-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SHELLEY D HEWETT
303 PECAN ST # 1G
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

**OR**

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10/16/18
Sign[redacted] Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Jessica Karen Dawless | Jonathan Judson |
| Signature (Required) | Signature (Required) |
| 2766 Twisted Hickory Rd. | 314 Lennon Drive |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown N.C. 28337 | Bladenboro NC 28320 |
| City, State and Zip (Required) 10/16/18 Date | City, State and Zip (Required) 10/16/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LAURA ANN CHILDRESS
1573 MARSH RD
BLADENBORO, NC 28320

DEM - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10-12-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 1573 Marsh Rd | 1573 Marsh Rd |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | Bladenboro NC 28320 |
| City, State and Zip (Required) 10-12-18 Date | City, State and Zip (Required) 10-12-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;

**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

GUY W CHILDRESS
1573 MARSH RD
BLADENBORO, NC 28320

DEM - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☐ [redacted] 2 of the *Witnesses'*

10-12-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Laura A. Childress | |
| Signature (Required) | Signature (Required) |
| 1573 Marsh Rd | 1573 Marsh Rd |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC 28320 | Bladenboro NC 28320 |
| City, State and Zip (Required) 10-12-18 Date | City, State and Zip (Required) 10-12-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;

**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

HIRAM KELLY CALLIHAN
526 KELLY RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] 2 of the *Witnesses'*

10-10-18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Rosa Britt Callihan | [redacted] |
| Signature (Required) | Signature (Required) |
| 526 Kelly Rd. | 582 Bunny Rd |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC 28320 | Bladenboro, NC 28320 |
| City, State and Zip (Required) 10-10-18 Date | City, State and Zip (Required) 10/10/2018 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

THOMAS GEARLD BERRY
303 PECAN ST # 3H
BLADENBORO, NC 28320

DEM - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a r[redacted]tion 2 of the *Witnesses' Ce*

X [redacted] 10-23-18
Sig Date

Na[redacted]

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Jessica Douless | Sandra Douless |
| Signature (Required) | Signature (Required) |
| 2766 Twisted Hickory Rd | 303 Pecan St 3F |
| Street Address (Required) | Street Address (Required) |
| E-town NC 28337 | Bladenboro NC 28320 |
| City, State and Zip (Required) 10/23/18 Date | City, State and Zip (Required) 10-23-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JERRY WARD
104 PECAN ST # 2C
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] 2 of the *Witnesses'*

10-9-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Wade Durham Pait | Rosella D. Pait |
| Signature (Required) | Signature (Required) |
| 3074 NC 410 hwy | 3074 NC 410 HWY |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, N.C 28320 | Bladenboro, NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-9-2018 | 10-9-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DORIS DEAVER WARD
104 PECAN ST # 2C
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10-7-18
Signature Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Wade Dunham Pait | Rosella D. Pait |
| Signature (Required) | Signature (Required) |
| 3074 NC 410 hwy | 3074 NC 410 Hwy |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, N.C. 28320 | Bladenboro, NC. 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-7-2018 Date | 10-7-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;

**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BEVERLY GRAY TYLER
303 PECAN ST # 3E
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

☐ [redacted] tion 2 of the *Witnesses'*

10-11-18
Date

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Jessica Dowless | Sandra Dowless |
| Signature (Required) | Signature (Required) |
| 2766 Twisted Hickory Ld | 303 Pecan St 3F |
| Street Address (Required) | Street Address (Required) |
| E-town N.C. 28337 | Bladenboro, NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/11/18 | 10-11-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

FLORENCE LUE-ELLEN THOMAS
200 VILLAGE ST # 9A
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to

[redacted]

200 Village St. Apt# 9A
Address where application and ballots should be mailed
Bladenboro, N.C. 28320

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X _____
Signature of Voter (Required) Date

_____
Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) Karen Whitemarsh |
| Street Address (Required) 804 CLARK ST. | Street Address (Required) 57 Todd Rd. |
| City, State and Zip (Required) E-TOWN, NC 28337 | City, State and Zip (Required) Bladenboro NC. 28320 |
| Date 10-12-18 | Date 10-12-18 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the 12 day of Oct, 20 18, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEI

ALLEN WAYNE STANLEY
8064 CENTER RD
BLADENBORO, NC 28320

OCT 27

TIME _____ REC'D
BLADEN CO. BD. OF

UNA - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☑ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted] eligible to

[redacted]
Signature of Voter (if applicable)

8064 Center Rd Bladenboro, NC 28320
Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certi*[redacted]

X [redacted]
Signat

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Janice Valenta 29 Stanley Rd Bladenboro, NC
Name of Assistant Address of Assistant

X Janice Valenta 10/21/18
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Janice Valenta | [redacted] |
| Signature (Required) | Signature (Required) |
| 29 Stanley Rd | 524 Stanley Rd |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC 28320 | Bladenboro, NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/21/18 Date | 10/21/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____

SEAL

_____ Notary Public

_____ Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MARY ALICE BUTLER
549 NC 410 HWY # 3D
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10-11-18
Sig Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Alice Butler | Janet Butler |
| Signature (Required) | Signature (Required) |
| 1857 NC Hwy 410 | 1852 Hwy 410 |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC. | Bladenboro NC |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 28320 10-11-18 | 10-11-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;

**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JANET MARIE BUTLER
1857 NC 410 HWY
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] *Witnesses' Ce[redacted]*

X [redacted]
Sig[redacted] Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am [redacted]roviding [redacted]ilable to [redacted]

[redacted]

Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Mary Alice Butler | Alma Butler |
| Signature (Required) | Signature (Required) |
| 549 NC. 410 Hwy Apt 3D | 1857 NC 410 Hwy |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC | Bladenboro NC. |
| City, State and Zip (Required) 28320 | City, State and Zip (Required) 28320 |
| 10-10-18 Date | 10-10-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**
**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ALVIN BUTLER
1857 NC 410 HWY
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] *Witnesses'*

10-10-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant [redacted]

X [redacted]
Signature of Assistant

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Mary Butler | Janet Butler |
| Signature (Required) | Signature (Required) |
| 549 NC. Hwy 410 Apt 3-D | 1857 Hwy 410 |
| Street Address (Required) | Street Address (Required) |
| Bladenboro N.C. 28320 | Bladenboro NC |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-10-18 Date | 10-10-18 28320 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public

Commission Expiration Date

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MICHAEL JAMES BAXLEY JR
12803 NC 211 HWY W
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a nota[redacted] of the *Witnesses' Certifi*

X [redacted] 10/14/18
Signatu[redacted] Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Michael Baxley | Sheila Kinlaw |
| Signature (Required) | Signature (Required) |
| P O Box 741 | 512 Pine Ridge Circle |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC | Bladenboro NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 28320 10-14-18 | 10-14-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JOSHUA RYAN AUTRY
303 PECAN ST # 3C
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10-22-18
Sig Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Sandra Dowless |
| 303 Pecan St Apt 3C | 303 Pecan St 3F |
| Street Address (Required) | Street Address (Required) |
| Bladenboro N.C 28320 | Bladenboro, NC 28320 |
| City, State and Zip (Required) 10-22-18 Date | City, State and Zip (Required) 10-22-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**
**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LACY DONALD ALLISON JR
208 VILLAGE ST # 5A
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

☐ a no[redacted]e *Witnesses' Certi*

X [redacted] 10-23-18
Signa Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Jessica Davies | Sandra Davies |
| Signature (Required) | Signature (Required) |
| 2766 Twisted Hickory Rd | 303 Pecan St 3F |
| Street Address (Required) | Street Address (Required) |
| E-town NC 28337 | Bladenboro NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-23-18 Date | 10-23-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED
OCT 15 2018
TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

LEVY CLAYTON PAIT
1370 CENTER RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10-15-18
Signature (Required) Date

_____
Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Pat | Joyce Sylvia Pait |
| Signature (Required) | Signature (Required) |
| 584 Pleasant Grove Rd | 1370 Center Rd |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC 28320 | Bladenboro NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-15-18 Date | 10-15-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED
OCT 15 2018
TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

JOYCE SYLVIA PAIT
1370 CENTER RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 10/15/2018
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 584 Pleasant Grove Church Rd | 1370 Center Rd |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC 28320 | Bladenboro NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-15-18 Date | 10-15-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JONATHAN SHANE RUSS
216 GASTON DR
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Boa[redacted]

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

[redacted]

216 Gaston Dr. Bladenboro N.C. 28320
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10-22-18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 7290 Beach Dr SW | 17500 oldbrook dr SW |
| Street Address (Required) | Street Address (Required) |
| Ocean Isle Beach NC 28469 | Ocean Isle Beach, NC 28469 |
| City, State and Zip (Required) 10/22/18 Date | City, State and Zip (Required) 10/22/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;

**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CHARLIE KENNEDY
4818 TWISTED HICKORY RD
ELIZABETHTOWN, NC 28337

REP BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] *Witnesses'*

10/27/18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Jessica Dowless | Sandra Dowless |
| Signature (Required) | Signature (Required) |
| 2766 Twisted Hickory Rd | 303 Pecan St 3F |
| Street Address (Required) | Street Address (Required) |
| E-town N.C. 28337 | Bladenboro, NC 28320 |
| City, State and Zip (Required) 10/27/18 Date | City, State and Zip (Required) 10/27/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 108-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LESLEY REGINA CULLIPHER
4 HARMON ST # 4
WHITE LAKE, NC 28337

REP - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

[redacted] of the *Witnesses'*

10-21-18
Date

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Jonathan Judson | Sandra Coulson |
| Signature (Required) | Signature (Required) |
| 314 Lennon Drive | 303 Pecan St |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC 28320 | Bladenboro, NC 28320 |
| City, State and Zip (Required) 10/21/18 Date | City, State and Zip (Required) 10-21-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ASHLEY NICOLE TOUCHTON
4818 TWISTED HICKORY RD
ELIZABETHTOWN, NC 28337

REP - BLADEN COUNTY

[redacted]

Boar[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

☐ [redacted] **Option 2** of the *Witnesses'*

10/27/18
Date

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Sandra Dowless | Jessica Dowless |
| Signature (Required) | Signature (Required) |
| 303 Pecan St 3F | 2766 Twisted Hickory |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | Rd. E-town NC 28387 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/27/18 Date | 10/27/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificat

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 o[illegible]al Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;

**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CYNTHIA FAY CLARK
9265 CHICKENFOOT RD
ST. PAULS, NC 28384

UNA - BLADEN COUNTY

[redacted]

Bo[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted]

28-oct-18
Date

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 9265 Chicken Foot Road | 9289 Chickenfoot rd |
| Street Address (Required) | Street Address (Required) |
| ST Pauls NC 28384 | St Pauls NC 28384 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 28 oct 18 | 11-1-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;

**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

STACY EUGENE HOLCOMB
303 PECAN ST # 1G
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] of the *Witnesses'*

10/10/18
Date

_____
Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Jonathan Judson | Jessica K. Dawkins |
| Signature (Required) | Signature (Required) |
| 314 Lennon Drive | 2764 Twisted Hickory Rd. |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC 28320 | Etaw NC. 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/10/18 Date | 10/12/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**
**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED
OCT 27 2018
BLADEN CO. BD. OF ELECTIONS

TIME [redacted] REC'D BY [redacted]

ARCHIE LEE COUNCIL
6496 RIVER RD
WHITE OAK, NC 28399

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted] eligible ballots.)

[redacted]

6496 River Rd White Oak, NC 28399
Address where application and ballots should be mailed

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

**OR**

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 10-23-18
Signature of Voter Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) Phyllis Council | Signature (Required) [illegible] |
| Street Address (Required) 118 B Melvin Lane | Street Address (Required) 118 B Melvin Lane |
| City, State and Zip (Required) White Oak NC 28399 | City, State and Zip (Required) White Oak NC 28399 |
| Date 10/24/18 | Date 10/24/18 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**
**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

TROY CRIS HARRELSON
315 S ASHE ST
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a not[redacted] 2 of the *Witnesses' Certi*

X [redacted] 10/12/18
Signat Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 315 Ash Street | 315 Ash Street |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | Bladenboro, NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/12/18 | 10/12/18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

STEPHEN TROY HARRELSON
315 S ASHE ST
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' C*[redacted]

X _____ 10/14/18
Sig[redacted] Date

_____
Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| Street Address (Required) | Street Address (Required) |
| City, State and Zip (Required) 10/14/18 Date | City, State and Zip (Required) 10/14/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MARY BUIE HARRELSON
315 S ASHE ST
BLADENBORO, NC 28320

UNA - BLADEN COUNTY
:

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted]

10/22/18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

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| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 315 Ash Street | 315 Ash Street |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC, 28320 | Bladenboro, NC, 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/22/18 Date | 10/22/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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TONYA ANNETTE GUYTON
1380 SUGGS-TAYLOR RD
ELIZABETHTOWN, NC 28337

REP - BLADEN COUNTY

[redacted]

Bo[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'* C[redacted]

[redacted] 10-13-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Jessica Dawless | Sandra Dawless |
| Signature (Required) | Signature (Required) |
| 2766 Twisted Hickory Rd | 303 Pecan St SE |
| Street Address (Required) | Street Address (Required) |
| Elrose NC 28337 | Bladenboro, NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/13/18 | 10-13-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

PAULA TODD EDWARDS
72 RONALD BRITT RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Bo[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10/15/18
Signature Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 72 Ronald Britt RD | 4 ELM ST |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC 28320 | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-15-18 Date | 10-15-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JOEL EDWARDS
72 RONALD BRITT RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 10/15/18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Paula Todd Edwards | [illegible] |
| Signature (Required) | Signature (Required) |
| 72 Ronald Britt Rd | 8 ELM ST |
| Street Address (Required) | Street Address (Required) |
| Bladenboro | Elizabethtown NC 28337 |
| City, State and Zip (Required) NC 28320 10/15/18 Date | City, State and Zip (Required) 10/15/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SHANIA MICHELLE GEBO
303 PECAN ST # 3F
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10-11-18
Date

_____
Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Ginger S. Eason | [illegible] Kenlaw |
| Signature (Required) | Signature (Required) |
| 401 Edwards Ave. | 500 Chestnut |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC. 28320 | Bladenboro NC |
| City, State and Zip (Required) 10-11-18 Date | City, State and Zip (Required) 10 11 18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;

**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SONYA CHRISTINE SOLES
209 W WALNUT ST # 3A
BLADENBORO, NC 28320

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted]ots.)

[redacted]
Signature of Voter (if applicable)

209 West Walnut St Apt 3-A
Address where application and ballots should be mailed

Bladenboro, N.C. 28320

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 10-15-2018
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Wendy Dewdrop | Jennifer Bowsergard |
| Signature (Required) | Signature (Required) |
| 209 W. Walnut St Apt 3A | 209 Walnut St 3A |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC | Bladenboro NC 28320 |
| City, State and Zip (Required) 28320 | City, State and Zip (Required) |
| 10-15-2018 Date | 10-15-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE. A notary may not charge a fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF North Carolina

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

REVONDA ROUSE GORDON
107 W POPLAR ST
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] *Witnesses'*

10/28/18
Date

_____
Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Rodney Eugene Storm | [signature] |
| Signature (Required) | Signature (Required) |
| 107 west Poplar St. | 3000 Pinelog Road |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | Whiteville NC 28472 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/28/18 | 10/29/18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DJT

DAVID JAMES TAYLOR
117 TAYLOR'S RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10/27/18
Signature Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification** DJT

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Sandra Dawless | Jessica Dawless |
| Signature (Required) | Signature (Required) |
| 303 Pecan St 3F | 2766 Twisted Hickory Rd. |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | Elrod N.C. 28337 |
| City, State and Zip (Required) 10-27-18 Date | City, State and Zip (Required) 10/27/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;

**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LINDA ROUSE RICH
422 S ASHE ST
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10-12-18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Jessica Dawes | Sandra Dawes |
| Signature (Required) | Signature (Required) |
| 2 Hde Twisted Hickory | 303 Pecan St 3F |
| Street Address (Required) | Street Address (Required) |
| E-town NC 28337 | Bladenboro, NC 28320 |
| City, State and Zip (Required) 10/12/18 Date | City, State and Zip (Required) 10-12-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CARLTON BRUCE PRIEST SR
10237 TWISTED HICKORY RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted]

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Teresa McDonald | Jason McDonald |
| Signature (Required) | Signature (Required) |
| 6544 Blueberry Road Rd | 6544 Blueberry Road Rd |
| Street Address (Required) | Street Address (Required) |
| Clarkton, NC 28320 | Clarkton, NC 28433 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/23/18 | 10/23/18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JEFFERY BRUCE PRIEST
10237 TWISTED HICKORY RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a r[redacted]ption 2 of the *Witnesses' Ce*

X
Sig[redacted] Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Teresa McDonald | Jason McDonald |
| Signature (Required) | Signature (Required) |
| 6546 Hickory Fork Rd. | 6546 Hickory Fork Rd. |
| Street Address (Required) | Street Address (Required) |
| Clarkton, NC 28433 | Clarkton NC 28433 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/23/18 | 10/23/18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ROBERT EARL PACKER
8717 NC 131 HWY
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

☐ **quest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a n[redacted] 2 of the *Witnesses' Ce*

X [redacted] 10-10-18
Sign Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| Street Address (Required) 401 Edwards Ave. | Street Address (Required) 500 Elm Street |
| City, State and Zip (Required) Bladenboro, N.C. 28320 | City, State and Zip (Required) Bladenboro NC 28320 |
| Date 10-10-18 | Date 10/11/18 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

TIMOTHY HOWARD MONROE
12023 NC 242 HWY S
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

☐ **...equest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☐ [redacted] **...on 2** of the *Witnesses'*

[redacted] 10-11-15
Signature of Voter (Required) Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Ginger S Eason | Cheryl Kinlaw |
| Signature (Required) | Signature (Required) |
| 401 Edwards Ave. | 500 Chestnut |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | Bladenboro NC |
| City, State and Zip (Required) 10/11/18 | City, State and Zip (Required) 10/18/18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

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MARIE A BROWN
9236 CHICKENFOOT RD
ST. PAULS, NC 28384

UNA - BLADEN COUNTY

[redacted]

☐ **equest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a [redacted] **on 2** of the *Witnesses' Ce*

X [redacted] 10/18/18
Sig Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

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| Witness #1 | Witness #2 |
|---|---|
| William H Whitted | [signature] |
| Signature (Required) | Signature (Required) |
| 5464 CHICKEN FT RD | 9236 Chickenfoot Rd |
| Street Address (Required) | Street Address (Required) |
| 28384 | St. Pauls, NC 28384 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| STPAULS NC 18OCT18 | Oct 18, 2018 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

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FRANCES GOODEN ADAMS
5725 NC 242 HWY S
ELIZABETHTOWN, NC 28337

UNA - BLADEN COUNTY

[redacted]

☐ **quest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

5725 NC Hwy 242 South
Address where application and ballots should be mailed

Elizabethtown, NC 28337

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 10-20-18
Signature of Voter (Required) Date

by Debra A. Foster daughter

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Debra A. Foster 7097 Twisted Hickory Rd Elizabethtown, NC
Name of Assistant Address of Assistant

X Debra A Foster 10/20/18
Signature of Assistant Date

POA

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Debra A. Foster | Frankie S. Foster |
| Signature (Required) | Signature (Required) |
| 7097 Twisted Hickory Rd | 7097 Twisted Hickory Road |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-20-18 | 10-20-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

OCT 31 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

JUSTIN MATTHEW NUNNERY
699 MAIN ST
TAR HEEL, NC 28392

DEM - BLADEN COUNTY

[redacted]

**Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to

[redacted]
Signature of Voter (if applicable)

P.O. Box 34 Tar Heel NC 28392
Address where application and ballots should be mailed

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted]
Signature of Voter (Required) Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Larry Nunnery P.O Box 34 Tar Heel NC
Name of Assistant Address of Assistant

X Larry Nunnery 10-20-18
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 1477 center road | 6301 Appomattox drive |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC 28320 | Wilmington NC 28409 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-28-18 | 10.28.18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JOANN COUNCIL
6329 CHICKENFOOT RD
ST. PAULS, NC 28384

DEM - BLADEN COUNTY

[redacted]

**Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

**Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] tion 2 of the *Witnesses'*

Signature of Voter (Required) 10/12/18 Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Za-Leith Council | LaVern Council |
| Signature (Required) | Signature (Required) |
| 6329 Chickenfoot Rd. | 6329 Chickenfoot Rd |
| Street Address (Required) | Street Address (Required) |
| St. Paul's NC 28384 | St. Pauls NC 28384 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-12-18 Date | 10-12-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LISA DIANE RICE
110 HOLLY BRITT CT
BLADENBORO, NC 28320

DEM - BLADEN COUNTY

[redacted]

**Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to to receive eligible ballots.)

[redacted]

110 Holly Britt ct Bladenboro NC 28320
Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10-11-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Tara Jones | Jennifer Walters |
| Signature (Required): Tara Jones | Signature (Required): Jennifer Walters |
| Street Address (Required): 107 Tobb Britt | Street Address (Required): 100 Oliver Lane |
| City, State and Zip (Required): Bladenboro 28320 Date: 10-11-18 | City, State and Zip (Required): Lumberton NC 28358 Date: 10-11-18 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the 11 day of October, 20 18, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED
OCT 27 2018
TIME ____ BY ____
BLADEN CO. BD. OF ELECTIONS

AMBER LAUREN MILCZAKOWSKI
3697 OWEN HILL RD
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

**Annual Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted] eligible ballots.)

[redacted]

3697 Owen Hill Rd. Elizabethtown
Address where application and ballots should be mailed
NC 28337

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] **Option 2** of the *Witnesses'* Ce[redacted]

X [redacted] 10/24/18
Signature Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Thomas Ray Milczakowski | Sally Ann Milczakowski |
| Signature (Required) | Signature (Required) |
| 3697 Owen Hill Rd. | 3697 Owen Hill Rd. |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Elizabethtown, NC |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-24-18 | 28337 10-24-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 108-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ELIZABETH FAIRCLOTH POPE
9754 N COLLEGE ST
CLARKTON, NC 28433

UNA - BLADEN COUNTY

[redacted]

☐ **uest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10/31/2018
Sig Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Michael G Pope | Gary G Pope |
| Signature (Required) | Signature (Required) |
| 9754 N. College St. | 9606 Muarmill Rd |
| Street Address (Required) | Street Address (Required) |
| Clarkton, NC 28433 | Clarkton, NC 28433 |
| City, State and Zip (Required) 10-31-2018 Date | City, State and Zip (Required) 10/31/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**
**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED
OCT 31 2018
TIME ____ REC'D BY
BLADEN CO. BD. OF ELECTIONS

WILLIAM GASTON MONROE SR
119 MILLS ST
TAR HEEL, NC 28392

UNA - BLADEN COUNTY

[redacted]

**Annual Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

[redacted]

P.O. Box 114 TAR Heel NC 28392
Address where application and ballots should be mailed

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

☐ a n[redacted]
*Ce*

X [redacted] 10-30-18
Signature of Voter (Required) Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

EUNICE ANN NUNNEY P.O. Box 34 TAR Heel NC
Name of Assistant Address of Assistant

X Eunice Ann Nunney 10-20-18
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Larry Nunney | Ann Nunney |
| Signature (Required) | Signature (Required) |
| P.O. Box 34 | P.O. Box 34 |
| Street Address (Required) | Street Address (Required) |
| Tar Heel NC | Tar Heel NC 28392 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-30-18 | 10-30-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____
COUNTY OF _____ SEAL
Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**
**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JILL EDGE BUTLER
12879 NC 242 HWY S
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

☒ In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to receive eligible ballots.)

[redacted]
Signature of Voter (if applicable)

P.O. Box 912 - Bladenboro, N.C. 28320
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10-16-18
Signature (Required) Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Robert Butler | Mickey Dutt |
| Signature (Required) | Signature (Required) |
| 12879 NC 242 Hwy S | 12503 Setzer RD |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC 28320 | Stony Creek VA 23882 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-16-18 Date | 10-16-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**
**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ROBERT LIVINGSTON BUTLER
12879 NC 242 HWY S
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

**Annual Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

[redacted]
Signature of Voter (if applicable)

12879 NC 242 Hwy S
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 10-16-18
Signature Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Jill E. Butler | Mike Butler |
| Signature (Required) | Signature (Required) |
| 12879 N.C. 242 Hwy S. | 12502 Selzer Rd |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, N.C. 28320 | Stony Creek VA. 23882 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-16-18 | 10-16-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CONNIE S GUYTON
181 SMITHS MILL POND RD
GARLAND, NC 28441

DEM - BLADEN COUNTY

[redacted]

**equest**

☑ In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10-21-18
Signature Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 181 Smiths Mill Pond Rd. | 205 Smiths mill pond Rd |
| Street Address (Required) | Street Address (Required) |
| Garland, NC 28441 | Garland NC 28441 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-21-18 Date | 10/21/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RANDY LEE GUYTON
181 SMITHS MILL POND RD
GARLAND, NC 28441

DEM - BLADEN COUNTY

[redacted]

☐ **equest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'* C[redacted]

X [redacted] 10-21-18
Si Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

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| Witness #1 | Witness #2 |
|---|---|
| Connie S. Guyton | Dana Ward |
| Signature (Required) | Signature (Required) |
| 181 Smiths Millpd Rd | 205 Smiths mill pond rd |
| Street Address (Required) | Street Address (Required) |
| Garland, NC 28441 | Garland NC 28441 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-21-18 Date | 10/21/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

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NCSBE v2018.02

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

NORRIS FRANKLIN LEE
11922 NC 242 HWY S
BLADENBORO, NC 28320

DEM - BLADEN COUNTY

[redacted]

☐ **equest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10/10/18
Signature of Voter (Required) Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Sandra Grimes 1813 Vine St Elizabethtown NC 28337
Name of Assistant Address of Assistant

X Sandra Grimes 10-16-18
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Lola Watts | Sandra Grimes |
| Signature (Required) | Signature (Required) |
| 108 Lewis Dr | 1813 Vine St. |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/16/18 Date | 10-16-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SHIRLEY ANN MELVIN
90 PEARL LLOYD RD
WHITE OAK, NC 28399

DEM - BLADEN COUNTY

[redacted]

**Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

**Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

☐ a n[redacted]he *Witnesses' Cer*

X [redacted] 10/15/18
Sign Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Sandra Gwins
Name of Assistant Address of Assistant

X Sandra Gwins 10-15-2018
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Lola Waters | Sandra Gwins |
| Signature (Required) | Signature (Required) |
| 108 Lewis DR | 1813 View St |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Elizabethtown NC 28337 |
| City, State and Zip (Required) 10/15/18 Date | City, State and Zip (Required) 10-15-2018 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DENNIS MCKIVER JR
188 PEARL LLOYD RD
WHITE OAK, NC 28399

DEM - BLADEN COUNTY

[redacted]

☐ **uest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 10-12-2018
Signature of Voter (Required) Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Lola Wooten | Sandra Herman |
| Signature (Required) | Signature (Required) |
| 108 Lewis DR | 1813 Vann St. |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Elizabethtown NC 28337 |
| City, State and Zip (Required) 18/12/18 Date | City, State and Zip (Required) 10-12-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RAYMOND DAVID MELVIN
1281 JOHNSONTOWN RD
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

☐ **quest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10/15/18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Lola Worten 108 Lewis DR
Name of Assistant Address of Assistant

X Lola Worten 10/15/18
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Lola Worten | Deborah Monroe |
| Signature (Required) | Signature (Required) |
| 108 Lewis DR | 81 Clyde Hatcher Rd |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Council NC 28434 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/15/18 Date | 10-15-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED
NOV 06 2018

LAIR FRANCIS COUNCIL
154 CLEM COUNCIL RD
WHITE OAK, NC 28399

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

DEM - BLADEN COUNTY

[redacted]

☐ **Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☑ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 11/6/2018
Signature (Required) Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Clara Council | Robert Council |
| Signature (Required) | Signature (Required) |
| 9870 River Rd | 154 Clem Council Rd |
| Street Address (Required) | Street Address (Required) |
| White Oak N.C | White Oak NC |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 11/6/2018 Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

_____ _____
Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED
NOV 06 2018
TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

ROBERT COUNCIL JR
154 CLEM COUNCIL RD
WHITE OAK, NC 28399

DEM - BLADEN COUNTY

[redacted]

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] the *Witnesses'*

[redacted] 11.6.18
Date

Name Correction (if applicable)

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☑ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

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| Witness #1 | Witness #2 |
|---|---|
| Clara Council | [illegible] Council |
| Signature (Required) | Signature (Required) |
| 9070 River Rd | 154 Clem Council RD |
| Street Address (Required) | Street Address (Required) |
| White Oak N.C. | White Oak NC 28399 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 11/6/2018 | 11-6-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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HAZEL JOHNSON AUTRY
137 AVENUE AVE
WHITE OAK, NC 28399

DEM - BLADEN COUNTY

[redacted]

Boa

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to

[redacted]

137 Avenue Ave White Oak
Address where application and ballots should be mailed
N.C. 28399

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X
Signature of Voter (Required) Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Mary Johnson | Regina Autry |
| Signature (Required) | Signature (Required) |
| 8684 Hwy 53W | 171 Avenue Ave |
| Street Address (Required) | Street Address (Required) |
| White Oak | White Oak, NC 28399 |
| City, State and Zip (Required) NC 28399 10-12-18 Date | City, State and Zip (Required) 10-12-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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MYRTLE T CARTER
119 HAYES MCKOY RD
WHITE OAK, NC 28399

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

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OR

☐ a n[redacted]ion 2 of the *Witnesses' Ce*

X [redacted] 10/15/18
Sign Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

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Sandra Guions 1813 Vine St Elizabethtown NC 28337
Name of Assistant Address of Assistant

X Sandra Guions 10-15-18
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

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| Witness #1 | Witness #2 |
|---|---|
| Lola Weeks | DEBORAH MOORE |
| Signature (Required) | Signature (Required) |
| Lorlews OR | 61 Circle Hatchet Rd |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Council NC 28434 |
| City, State and Zip (Required) 10/15/18 Date | City, State and Zip (Required) 10-15-18 Date |

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**(Required Unless Two Witnesses Provided)**

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STATE OF _____

COUNTY OF _____

SEAL

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LARONDA G GILL
205 E GILL ST
ELIZABETHTOWN, NC 28337

UNA - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10/13/2018
Sig Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 64 Smith St | 205 E Gill St |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC | Elizabethtown NC 28337 |
| City, State and Zip (Required) 28337 10/13/2018 | City, State and Zip (Required) 10-13-2018 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MONAREIA HENRY SCOTT
390 TWISTED HICKORY RD # 13
ELIZABETHTOWN, NC 28337

UNA - BLADEN COUNTY

[redacted]

Boa

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to

[redacted]

P.O. Box 2094 Elizabethtown N.C. 28337
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 10/15/2018
Signature (Required) Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Arthur Owens | Deborah Andrews |
| Signature (Required) | Signature (Required) |
| 320 McKay St. | 2188 Hwy 701 N |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown, N.C. | Elizabeth NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 28337 10-15-18 | 10-15-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

VIVIAN DELORES CARPENTER
81 HAYES MCKOY RD
WHITE OAK, NC 28399

DEM - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a n[redacted] 2 of the *Witnesses' Cer*

X [redacted] 10/15/2018
Signa Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Lola Ubarto | DEBORAH MONROE |
| Signature (Required) | Signature (Required) |
| 10 Lewis DR | 81 Hayes Mckoy Rd |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown, NC 28337 | council NC 28434 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/15/18 Date | 10-15-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

REGINALD BERNARD MCKOY
3395 CROMARTIE RD
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted]

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Jaster McCoy | Daisy B. McCoy |
| Signature (Required) | Signature (Required) |
| 3395 Cromartie Rd | 3395 Cromartie Rd |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown N.C 28337 | Elizabethtown N.C 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/11/18 | 10/11/18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BOBBY LOFTON AUTRY
137 AVENUE AVE
WHITE OAK, NC 28399

DEM - BLADEN COUNTY

[redacted]

Boa

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

[redacted]

137 Avenue Ave White Oak NC 28399
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

**OR**

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X
Signature of Voter (Required) Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Mary Johnson | Hazel Autry |
| Signature (Required) | Signature (Required) |
| 8684 Hwy 53 W | 137 Avenue Ave |
| Street Address (Required) | Street Address (Required) |
| White Oak | White Oak, NC. |
| City, State and Zip (Required) | City, State and Zip (Required) |
| NC 28399 10-12-18 | 28399 10-12-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JASON B MCKOY
3395 CROMARTIE RD
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ [redacted] **ion 2** of the *Witnesses'*

Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

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| Witness #1 | Witness #2 |
|---|---|
| Daisy B. McKoy | Reginald B. McKoy |
| Signature (Required) | Signature (Required) |
| 3395 Cromartie Rd | 3395 Cromartie Rd |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown N.C. 28337 | Elizabethtown N.C. 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/14/18 | 10/14/18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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JENNIFER F WHITTINGTON
69 BLUE MOON DR
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Bo

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
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Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

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☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'* C

[redacted] 10/29/18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Sandra Green | Lola Woods |
| Signature (Required) | Signature (Required) |
| 1813 Vine St | 10 Lewis DR |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Elizabethtown NC 28337 |
| City, State and Zip (Required) 10-27-18 Date | City, State and Zip (Required) 10/29/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ANTHONY HOWARD JONES
69 BLUE MOON DR
ELIZABETHTOWN, NC 28337

UNA - BLADEN COUNTY

[redacted]

Board Approval Date: _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10/28/18
Signature (Required) Date

_____
Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 1813 Vine St | 108 Lewis Dr |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-27-18 | 10/28/18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LAJUNE JESSUP
146 PEARL LLOYD RD
WHITE OAK, NC 28399

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option** 1 of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10/15/18
Date

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Lola Wooten — 108 Lewis DR Elizabethtown, NC 28337
Name of Assistant — Address of Assistant

x Lola Wooten — 10/15/18
Signature of Assistant — Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Lola Wooten | Sandra Greene |
| Signature (Required) | Signature (Required) |
| 108 Lewis DR | 1813 Vine St |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Elizabethtown NC 28337 |
| City, State and Zip (Required) 10/15/18 Date | City, State and Zip (Required) 10-15-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____

SEAL

Notary Public — Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;

**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

KENDRA JANINE JESSUP
5504 NC 53 HWY W
WHITE OAK, NC 28399

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

[redacted] ion 2 of the *Witnesses'*

10/15/18
Date

Name correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Lola Weeks | Lisa Jessup |
| Signature (Required) | Signature (Required) |
| 108 Lewis DR | 5504 Hwy 53 |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | West, White Oak, NC |
| City, State and Zip (Required) 10/15/18 Date | City, State and Zip (Required) 10/15/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;

**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

NONALEE BURDEN WILLIAMS
152 BURDEN RD
TAR HEEL, NC 28392

DEM - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted]

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Lola Wooten 108 Lewis DR
Name of Assistant Address of Assistant

X Lola Wooten 10/16/18
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| DEBORAH MONROE | Sandra Harris |
| Signature (Required) | Signature (Required) |
| 81 Clyde Hatcher Rd | 1893 Vine St. |
| Street Address (Required) | Street Address (Required) |
| Council NC 28434 | Elizabethtown NC 28337 |
| City, State and Zip (Required) 10-16-18 Date | City, State and Zip (Required) 10-16-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notorial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DAQUAN TYRELL BAXLEY
141 B C M RD
WHITE OAK, NC 28399

DEM - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted]

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Edward M. Bazley | Fannie Bazley |
| Signature (Required) | Signature (Required) |
| 141 BCM Rd. | 141 BCM Rd. |
| Street Address (Required) | Street Address (Required) |
| White Oak N.C. | White Oak NC |
| City, State and Zip (Required) | City, State and Zip (Required) |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

EDNA MAE FENNELL BAXLEY
141 B C M RD
WHITE OAK, NC 28399

DEM - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted]

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 108 Lewis DR | 1813 [illegible] |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/12/18 Date | 10-12-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JAROY TRAQUAN MONTGOMERY
309 TWISTED HICKORY RD # 10
ELIZABETHTOWN, NC 28337

REP - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] **Option 2** of the *Witnesses'*

10/16/18
Date

[redacted]
Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 108 Lewis DR | 1813 Vine St |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/16/18 Date | 10-16-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

WILLIAM VALBERT TATUM SR
3286 BURNEY RD
WHITE OAK, NC 28399

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] *Witnesses' Ce*[redacted]

X [redacted] 10/12/18
Sig[redacted] e

_____
Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X
_____ _____
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| DEBORAH Monroe | Sandra Gurias |
| Signature (Required) | Signature (Required) |
| 91 Clyde Hotchkiss Rd | 1813 Vine St. |
| Street Address (Required) | Street Address (Required) |
| Clarkton NC 28433 | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-12-18 Date | 10-12-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**
**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DAISY BLUE MCKOY
3395 CROMARTIE RD
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] e *Witnesses'*

10/11/18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Jason McKoy | DEBORAH MONROE |
| Signature (Required) | Signature (Required) |
| 3395 Cromartie Road | 6151 Hatcher Rd |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown N.C. 28337 | Council NC 28434 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/11/2018 | 10-12-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LADONNA CHANEL HOWARD
1209 MARTIN LUTHER KING DR
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

DOB [redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' C*

[redacted]

10-23-2018
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Selena McKoy | Blanca Chavez |
| Signature (Required) | Signature (Required) |
| 1209 MLK Dr | 1209 MLK Dr |
| Street Address (Required) | Street Address (Required) |
| Eliz town NC 28337 | Eliz town NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-23-2018 Date | 10-23-2018 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MARJARLETTE MCKIVER
511 SLINGSBY ST
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'* C[redacted]

X [redacted] 10/16/18
Signature Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Lola Wooten
Name of Assistant Address of Assistant

X Lola Wooten 10/16/18
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

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| Witness #1 | Witness #2 |
|---|---|
| Lola Wooten | Sandra Hunnis |
| Signature (Required) | Signature (Required) |
| 105 Lewis DR | 1813 Vine St |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/16/18 Date | 10-16-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

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NORRIS C LEE JR
653 BOOKER T WASHINGTON SCHOOL RD
CLARKTON, NC 28433

DEM - BLADEN COUNTY

[redacted]

Boa

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In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 10-16-18
Signature of Voter (Required) Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
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| Witness #1 | Witness #2 |
|---|---|
| Lola Wooten | DEBORAH MCCOY |
| Signature (Required) | Signature (Required) |
| 108 Lewis DR | 81 Little Hatcher Rd |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Council NC 28434 |
| City, State and Zip (Required) 10/16/18 Date | City, State and Zip (Required) 10-16-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

TAMMIE BAXLEY
141 B C M RD
WHITE OAK, NC 28399

DEM - BLADEN COUNTY

[redacted]

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In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Signature of Voter (if applicable)

Address where application and ballots should be mailed

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted]

Signature Date

Name

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

DEBORAH MONROE 81 C Little Hatcher Rd
Name of Assistant Address of Assistant

x Deborah Monroe
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| DEBORAH MONROE | Sandra Gurris |
| Signature (Required) | Signature (Required) |
| 81 C Little Hatcher Rd | |
| Street Address (Required) | Street Address (Required) |
| Council NC 28434 | |
| City, State and Zip (Required) | City, State and Zip (Required) |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CAROLYN COTTON MATHIS
907 FOX ST
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Board Approval Date _____

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10-13-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Arthur Owens | Alicia Rhone |
| Signature (Required) | Signature (Required) |
| 320 Mercy St. | 1245 Grand St. |
| Street Address (Required) | Street Address (Required) |
| Eliz. Bethtown, NC | Elizabethtown, NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 28337 Date 10-13-18 | 10-13-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

GWENDOLYN COUNCIL LEWIS
2068 TAR HEEL FERRY RD
WHITE OAK, NC 28399

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10/12/18
Sig Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| DEBORAH MONROE | Sarah Green |
| Signature (Required) | Signature (Required) |
| 91 Clyde Hatcher Rd | 1813 Vera St. |
| Street Address (Required) | Street Address (Required) |
| Council NC 28324 | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-12-18 Date | 10/12-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

PAMELA BEATTY MONROE
88 SAMMY LN
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] **n 2** of the *Witnesses'*

10/18/18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Robin Wooten | Sandra Garcia |
| Signature (Required) | Signature (Required) |
| 108 Lewis Dr | 1813 Vine St |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/18/18 Date | 10-18-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LIZZIE MAE JESSUP
390 TWISTED HICKORY RD # 10
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
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Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10-16-18
Signature Date

Name

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| [redacted] | DEBORAH McNEIL |
| Signature (Required) | Signature (Required) |
| 108 Lewis Dr | 81 Old Hatcher Rd |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 2843 | Council NC. 28434 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/16/18 | 10-16-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MONTREL DEVON WARD
813 FOX ST
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10/5/18
Signatu Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| DEBORAH MONROE | Lake Webster |
| Signature (Required) | Signature (Required) |
| 81 Clyde Hatcher Rd | 10 Lewis Dr |
| Street Address (Required) | Street Address (Required) |
| Council NC 28434 | Chadbourn NC 28431 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-15-18 | 10/15/18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LEDELL DENKINS
813 FOX ST
ELIZABETHTOWN, NC 28337

DEM - -BLADEN COUNTY

[redacted]

Bo

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a [redacted] of the *Witnesses' C*

X [redacted] 10-12-18
Signature Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| [signature] | DEBORAH MONROE |
| Signature (Required) | Signature (Required) |
| 1813 Vine St. | 81 Clyde Hatcher Rd |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Council NC. 28434 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-12-18 Date | 10-12-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

TINA SHANTELL WARD DENKINS
813 FOX ST
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

X [redacted] 10/16/18
Signature Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

DEBORAH MONROE — 81 Clyde Hatchel Rd Council NC 28434
Name of Assistant — Address of Assistant

X Deborah Monroe — 10-16-18
Signature of Assistant — Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| DEBORAH MONROE | Sandra Hinins |
| Signature (Required) | Signature (Required) |
| 81 Clyde Hatchel Rd | 1813 Fox St. |
| Street Address (Required) | Street Address (Required) |
| Council NC 28434 | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-16-18 | 10-16-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public — Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;

**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

PATRICIA ANN PATTERSON
81 SHORE RD
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] of the *Witnesses'*

10-11-2018
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 81 Shore rd | 81 Shore Rd. |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Elizabethtown NC 28337 |
| City, State and Zip (Required) 10-11-18 Date | City, State and Zip (Required) 10-11-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF N.C.
COUNTY OF Bladen

SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ROBIN BAXLEY LONG
277 PAGES LAKE RD
ST. PAULS, NC 28384

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

[redacted]
Signature of Voter (if applicable)

277 Pages Lake Rd. St. Pauls
Address where application and ballots should be mailed
NC 28384

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10/19/18
Signatu Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Della Bailey | Sharon A. Stevens |
| Signature (Required) | Signature (Required) |
| 74 Davis Farm Rd. | 56 Davis Farm Rd. |
| Street Address (Required) | Street Address (Required) |
| St. Pauls NC 28384 | St. Pauls NC 28384 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-19-18 Date | 10-19-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

NATALIE ROCHELLE BULLOCK
9236 CHICKENFOOT RD
ST. PAULS, NC 28384

UNA - BLADEN COUNTY

[redacted]

Boa[redacted]

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 11-1-18
Signature Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Marie Brown | Letetha Leggett |
| Signature (Required) Marie Brown | Signature (Required) |
| Street Address (Required) 9236 Chickenfoot Road | Street Address (Required) 9236 Chickenfoot Rd |
| City, State and Zip (Required) 28384 Saint Pauls, NC 11-1-18 Date | City, State and Zip (Required) 28384 Saint Pauls, NC 11-1-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

STACIE LEWIS BRYAN
190 J HILL ACRES RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Board Approval Date: _____

**Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

**Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to

[redacted]

190 J Hill Acres Rd
Address where application and ballots should be mailed
Bladenboro NC 28320

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X _____
Signature of Voter (Required) Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 5218 Marsh Rd | 190 J Hill Acres Road |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC 28320 | Bladenboro N.C. 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10.9.18 | 10/21/18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BRENDA EVERS SYKES
155 SYKES DR
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10/15/18
Sig Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Cam C Sykes | Elizabeth L. Sykes |
| Signature (Required) | Signature (Required) |
| 96 Sykes Dr | 96 Sykes Drive |
| Street Address (Required) | Street Address (Required) |
| Bladenboro N.C. 28320 | Bladenboro NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-14-18 | 10-14-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

GWENDOLYN LAVERN NEWTON
8 DAVID ST
DUBLIN, NC 28332

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10-21-2018
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| Street Address (Required) PO Box 752 | Street Address (Required) P.O. Box 752 |
| City, State and Zip (Required) Dublin, NC 28332 | City, State and Zip (Required) Dublin, N.C. 28332 |
| Date 10-21-18 | Date 10-21-18 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LAFAITH CHANTAL COUNCIL
6329 CHICKENFOOT RD
ST. PAULS, NC 28384

DEM - BLADEN COUNTY

[redacted]

Board Approval Date: _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] **Option 2** of the *Witnesses'*

10-12-18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Raven Council | Jean Council |
| Signature (Required) | Signature (Required) |
| 6329 Chickenfoot | 6329 Chickenfoot Rd |
| Street Address (Required) | Street Address (Required) |
| St Pauls, NC 28384 | St Pauls, N.C. 28384 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-12-18 Date | 10-12-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ROBERT ANTHONY LANDRETH
106 VILLAGE ST
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 11/2/18

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Connie Marie Edwards | Nathan W Richardson |
| Signature (Required) | Signature (Required) |
| Connie Marie Edwards | Nathan W Richardson |
| Street Address (Required) | Street Address (Required) |
| 106 Village St. | 10127 NC 131 HWY |
| City, State and Zip (Required) | City, State and Zip (Required) |
| Bladenboro, NC 28320 Date 11/2/18 | Bladenboro NC 28320 Date 11/2/18 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

NATHAN WENDELL RICHARDSON
10127 NC 131 HWY
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10/19/18
Signature Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| | |
| Signature (Required) [illegible] | Signature (Required) Cheryl Martin |
| Street Address (Required) 318 N Main St | Street Address (Required) 10127 NC 131 Highway |
| City, State and Zip (Required) Bladenboro, NC 28320 | City, State and Zip (Required) Bladenboro NC 28320 |
| Date 10/19/18 | Date 10-19-18 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CONNIE MARIE EDWARDS
106 VILLAGE ST
BLADENBORO, NC 28320

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10-31-18
Signature of Voter (Required) Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Robert A. Landreth | [illegible] |
| Signature (Required) | Signature (Required) |
| Robert A. Landreth | [illegible] |
| Street Address (Required) | Street Address (Required) |
| 106 Village St. | 10127 NC HWY 131 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| Bladenboro, NC 28320 | Bladenboro NC 28320 |
| Date 10/31/18 | Date 10-31-18 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DAWN BRIDGER THOMPSON
13004 NC 131 HWY
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

[redacted]

13004 Hwy 131 N Bladenboro, NC 28320
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

**OR**

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 10-23-18
Signature of Voter Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Barbara Atkinson | Atkin |
| Signature (Required) | Signature (Required) |
| 318 North Main St. | 318 N Main St |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, N.C. 28320 | Bladenboro, NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-23-18 | 10/23/18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED
OCT 12 2018
TIME ____ REC'D BY ____
BLADEN CO. BD. OF ELECTIONS

WADE D PAIT
3074 NC 410 HWY
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 10-12-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Rosella D. Pait | Judy Dowless |
| Signature (Required) | Signature (Required) |
| 3074 NC 410 Hwy | 684 Paul Brisson |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | Bladenboro, NC 28320 |
| City, State and Zip (Required) 10-12-18 Date | City, State and Zip (Required) 10-12-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED
OCT 12 2018

ROSELLA D PAIT
3074 NC 410 HWY
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10/12/18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Wade Durham Pait | Wayne Brooks |
| Signature (Required) | Signature (Required) |
| 3074 NC 410 hwy | 3076 Guyton RD |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | BLADENBORO N.C. 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-12-18 | 10-12-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JACQUELYN DIANNE PAIT
10258 NC 41 HWY W
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] of the *Witnesses'*

[redacted] 10/29/18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Rennie Pait | Brenda Pait |
| Signature (Required) | Signature (Required) |
| 152 Heritage Trail | 10258 HWY 41 West |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | Bladenboro NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-29-18 Date | 10-29-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BRIAN KEITH PAIT
10258 NC 41 HWY W
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10-29-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Pierrie Pait | Jacquelyn Pait |
| Signature (Required) | Signature (Required) |
| 157 Heritage Trail | 10258 Hwy 41 W |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | Bladenboro, NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-29-18 | 10/29/18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

KELSEI DAE BRYANT
1106 BULLARD ST
ELIZABETHTOWN, NC 28337

REP - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10/16/18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| JL Tyler | Susie W. Tyler |
| Signature (Required) | Signature (Required) |
| 110 N. Newton St. | 1106 Bullard Street |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown | Elizabethtown, N.C. |
| City, State and Zip (Required) | City, State and Zip (Required) |
| NC 28337 10/16/18 | 28337 10-16-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SUE W TYLER
1106 BULLARD ST
ELIZABETHTOWN, NC 28337

REP - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] tion 2 of the *Witnesses'*

10-16-18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

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| Witness #1 | Witness #2 |
|---|---|
| J L Tyler | |
| Signature (Required) | Signature (Required) |
| 110 N. Newton ST | 1106 Bullard Street |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown | Elizabethtown |
| City, State and Zip (Required) | City, State and Zip (Required) |
| NC 28337 10-16-18 | NC 28337 10/16/18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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JEFFERY LEE TYLER II
110 N NEWTON ST
ELIZABETHTOWN, NC 28337

UNA - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'* [redacted]

[redacted] 10/14/18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
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I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| J Tyler | Kimberly Tyler |
| Signature (Required) | Signature (Required) |
| 110 N. Newton St | 110 N. Newton St |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown | Elizabethtown |
| City, State and Zip (Required) NC 28337 10-14-18 | City, State and Zip (Required) NC 28337 10/14/18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**
**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SUMMER BROOK TYLER
1106 BULLARD ST
ELIZABETHTOWN, NC 28337

REP - BLADEN COUNTY

[redacted]

**Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'* C

[redacted] 10/17/18
S Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| JL Tyler | [signature] |
| Signature (Required) | Signature (Required) |
| 110 N. Newton St. | 110 N Newton St |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown | Elizabethtown |
| City, State and Zip (Required) NC 28337 10/17/18 Date | City, State and Zip (Required) NC 28337 10/17/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

KIMBERLY NASH TYLER
110 N NEWTON ST
ELIZABETHTOWN, NC 28337

UNA - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
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☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] 2 of the *Witnesses'*

10/14/18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| JL Tyler | JeWray Taylor |
| Signature (Required) | Signature (Required) |
| 110 N. Newton St | 110 N. Newton St |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown | Elizabethtown |
| City, State and Zip (Required) | City, State and Zip (Required) |
| NC 28337 10/14/18 | NC 28337 10/14/18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BENSON TRENT HARRIS
820 WILLARD TATUM RD
ELIZABETHTOWN, NC 28337

REP - BLADEN COUNTY

[redacted]

**[redacted]uest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10-17-18
Sig Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) JL Tyler | Signature (Required) |
| Street Address (Required) 110 N. Newton St | Street Address (Required) 110 N Newton St |
| City, State and Zip (Required) Elizabethtown NC 28337 | City, State and Zip (Required) Elizabethtown NC 28337 |
| Date 10/17/18 | Date 10/17/18 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

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JEFFERY LEE TYLER
110 N NEWTON ST
ELIZABETHTOWN, NC 28337

REP - BLADEN COUNTY

[redacted]

**[redacted]quest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10/14/18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

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Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
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I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 110 N. Newton St | 110 N. Newton St |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown | Elizabethtown |
| City, State and Zip (Required) NC 28337 10/14/18 Date | City, State and Zip (Required) NC 28337 10/14/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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ELLIOTT STOUGHTON MADDEN
146 WHITE OAK NATIONAL DR
WHITE OAK, NC 28399

UNA - BLADEN COUNTY

[redacted]

☑ **Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted] ballots.)

VMI Box 911, Lexington, VA 24450-0304
Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'* [redacted] 10/15/18 Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

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| Witness #1 | Witness #2 |
|---|---|
| Chris Hansen | Alexander Wichser |
| Signature (Required) | Signature (Required) |
| Street Address (Required) 8135 Sterling Ct | Street Address (Required) 2001 Waters Edge Trail |
| City, State and Zip (Required) Chesapeake VA 23322 Date 10/15/18 | City, State and Zip (Required) Roswell, GA, 30075 Date 10/15/18 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

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DANNY K BRYAN
277 ZION HILL CHURCH RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

**...uest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**
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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Cer...*

X [redacted] 10-11-18
Sign... Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

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**(Required Unless a Notary Public is the Witness)**

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| Witness #1 | Witness #2 |
|---|---|
| Ginger S Eason | [signature] |
| Signature (Required) | Signature (Required) |
| 401 Edwards Ave | 508 Chestnut |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC 283... | Bladenboro NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-11-18 | 10/11/18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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RANDY WAYNE CHRISTIAN SR
2850 BURNEY RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

**Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

**Annual Request for Illness/Disability**
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Signature of Voter (if applicable)

Address where application and ballots should be mailed

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☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted]sses'

10/27/18

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| Street Address (Required) 371 Sunset Park Rd | Street Address (Required) 600 North Main St |
| City, State and Zip (Required) Bladenboro NC 28320 | City, State and Zip (Required) Bladenboro NC 28320 |
| Date 10/27/2018 | Date 10/27/18 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DONALD WINFRED LONG
9933 NC 242 HWY S
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

☐ **quest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted] ballots.)

[redacted]
Signature of Voter (if applicable)

9933 NC Hwy 242 South
Address where application and ballots should be mailed
Bladenboro NC 28320

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] of the *Witnesses'*

[redacted] 10/11/18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Tonya D King 600 North Main St
Name of Assistant Address of Assistant Bladenboro NC 28320

X Tonya D King 10/11/18
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Tonya King | Donna P. King |
| Signature (Required) | Signature (Required) |
| 600 North Main St | 9933 Hwy 242 South |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC 28320 | Bladenboro, N.C. 28320 |
| City, State and Zip (Required) 10/11/18 Date | City, State and Zip (Required) 10-11-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JOHNNIE NATHAN AUTRY
223 AUTRYTOWN RD
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

CIV-1085 [redacted]

**equest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] **Option 2** of the *Witnesses' Ce*

X [redacted] 10-15-18
Sig Date

Na [redacted]

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Patricia Brown | [illegible] John |
| Signature (Required) | Signature (Required) |
| 215 Autrytown Rd | 3360 Jack Richardson Rd |
| Street Address (Required) | Street Address (Required) |
| City, State and Zip (Required) | Elizabethtown NC 28337 |
| 10/15/18 Date | 10/15 Date 18 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**
**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DOROTHY AUTRY
223 AUTRYTOWN RD
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

**Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted]

10/15/18
Date

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| Street Address (Required) | Street Address (Required) |
| City, State and Zip (Required) | City, State and Zip (Required) |
| Date 10-15-18 | Date 10/15/18 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

HARRY BRNARD MCKOY
8327 US 701 HWY N
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

☐ **quest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

☐ [redacted] 2 of the *Witnesses'*

10-15-18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| Street Address (Required) 3360 | Street Address (Required) 8327 Highway 701 N |
| City, State and Zip (Required) Elizabethtown, N.C. | City, State and Zip (Required) Elizabethtown NC 28337 |
| Date 10/15/18 | Date 10.15.18 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**
**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RHONDA FLEMMING BELTON
3332 JACK RICHARDSON RD
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

☐ In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] e **Option 2** of the *Witnesses'*

10-15-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 3332 Jack Richardson rd | 3300 Jack Richardson rd |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown, N.C | E-town |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-15-18 Date | N.C 28337 10-15-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RETHA TOWNSEND GRAHAM
3727 NC 210 HWY W
GARLAND, NC 28441

DEM - BLADEN COUNTY

[redacted]

**quest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'* C[redacted]

S[redacted] 10/16/18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| Street Address (Required) 3360 Jack Richardson Rd | Street Address (Required) 3360 Jack Richardson Rd |
| City, State and Zip (Required) Elizabethtown, NC 28337 | City, State and Zip (Required) Elizabethtown, N.C. 28337 |
| Date 10/16/18 | Date 10/16/18 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

KATELIN LYNETTE HALL
1369 BOWEN BLANKS RD
RIEGELWOOD, NC 28456

DEM - BLADEN COUNTY

[redacted]

☐ **uest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a n[redacted]**ption 2** of the *Witnesses' Cer*

X [redacted] 10-12-2018
Sign Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Shakim Flippen | Blanda B. Hall |
| Signature (Required) Shakim Flippen | Signature (Required) |
| Street Address (Required) 1041 W Barton St Apt C | Street Address (Required) 1213 Bowen-Blanks Rd |
| City, State and Zip (Required) Greensboro, NC 27407 | City, State and Zip (Required) Riegelwood, NC 28456 |
| Date 10-12-2018 | Date 10-12-2018 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**
**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BRYAN BERNARD MARTIN
827 MOULTRIE LN
ELIZABETHTOWN, NC 28337

REP - BLADEN COUNTY

[redacted]

☐ **quest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] of the *Witnesses'*

10/15/18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Bradley Ryan | H. Slaybaugh Haley Slaybaugh |
| Signature (Required) | Signature (Required) |
| 213 Magothy Beach Rd | 3000 S. Randolph St. Apt 229 |
| Street Address (Required) | Street Address (Required) |
| Pasadena, MD 21122 | Arlington, VA 22206 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| Oct 15, 2018 | 10/15/18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MARK WAYNE KINLAW
7961 NC 242 HWY S
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

☐ **quest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ ~~two~~ (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10-11-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| [signature] | [signature] |
| Signature (Required) | Signature (Required) |
| 7961 NC 242 S | 7960 NC 242 S |
| Street Address (Required) | Street Address (Required) |
| BLADENBORO NC 28320 | BLADENBORO NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-11-18 Date | 10-11-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**
**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DELLA D BAXLEY
74 DAVIS FARM RD
ST. PAULS, NC 28384

DEM - BLADEN COUNTY

[redacted]

[redacted]quest
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other

[redacted]

74 Davis Farm Rd.
Address where application and ballots should be mailed
St. Pauls NC 28384

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted]2 of the *Witnesses'*

10-17-18
Date

[redacted]
Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Marilyn A. Stevens | Rob Ford |
| Signature (Required) | Signature (Required) |
| 54 Davis Farm Rd. | 277 Pages Lake Rd |
| Street Address (Required) | Street Address (Required) |
| St. Pauls NC 28384 | St. Pauls NC 28384 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-17-18 Date | 10/17/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MANLY WRIGHT
306 PINE RIDGE CIR
BLADENBORO, NC 28320

DEM - BLADEN COUNTY

[redacted]

☒ In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] te **Option 2** of the *Witnesses'*

10-25-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Bobby Wright | Janice Coker |
| Signature (Required) | Signature (Required) |
| 306 Pine Ridge Circle | 7034 Murray Haywood Rd |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, N.C. 28320-6962 | Tarheel N.C 28438 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-25-18 | 10-25-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DEBRA WARD KINLAW
7961 NC 242 HWY S
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

☐ **uest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10-11-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Mark Wayne Kinlaw | |
| Signature (Required) | Signature (Required) |
| 7961 NC 242 S. | 7960 NC 242 S |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC 28320 | Bladenboro NC 28320 |
| City, State and Zip (Required) 10-11-18 Date | City, State and Zip (Required) 10-11-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BOBBY GLEN TOWNSEND
161 BATTLES DR
GARLAND, NC 28441

DEM - BLADEN COUNTY

[redacted]

**Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☑ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

161 Battles Dr. Garland, NC 28441
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted]

Signature of Voter (Required) Date

Name Correction (if applicable) 10/31/18

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| BOE | BOE |
| Street Address (Required) | Street Address (Required) |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-31-18 Date | 10-31-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

WENDY STRICKLAND PADGETT
161 BATTLES DR
GARLAND, NC 28441

DEM - BLADEN COUNTY

[redacted]

☐ **quest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☑ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

[redacted] 10/31/2018
Signature of Voter (if applicable)

161 Battles Dr. Garland, N.C. 28441
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 10/31/2018
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) BDE | Signature (Required) Velma Peacock McKoy BDE |
| Street Address (Required) | Street Address (Required) |
| City, State and Zip (Required) Date 10-31-18 | City, State and Zip (Required) Date 10-31-18 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;

**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

VERNESSA ANN JOHNSON
401 SWANZY RIDGE WAY # 104
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

**quest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to

[redacted]

401 Swanzy Ridge Hwy #104 Elizabethtown NC 28337
Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] *Witnesses'*

[redacted] 10/23/2018
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 2091 Third Ave | 505 Shepard Rd |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown, NC 28337 | Wilmington N.C 28411 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/23/18 Date | 10/23/2018 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**
**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

EMMA BECKY CAMPBELL
320 LUTHER BRISSON RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

☐ **quest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10/31/18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Woody D Hester 371 Sunset Park Road Bladenboro 28320
Name of Assistant Address of Assistant

x Woody D Hester 10/31/2018
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Woody D Hester | Deborah Edwards |
| Signature (Required) | Signature (Required) |
| 371 Sunset Park Rd | 157 Luther Brisson Rd |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | Bladenboro NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/31/2018 | 10-31-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;

**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

FREDERICK PAUL CLABAUGH
1320 ZION HILL CHURCH RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

☐ **equest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Ruth Clabaugh | Louis Clabaugh |
| Signature (Required) | Signature (Required) |
| 1320 Zion Hill Church Rd | 1320 Zion Hill Church Rd |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC | Bladenboro, NC |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-30-18 | 28320 10-30-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ROSA BRITT CALLIHAN
526 KELLY RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10/19/18

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 1798 NC Hwy 11 | 12145 NC 131 Hwy |
| Street Address (Required) | Street Address (Required) |
| Kelly NC 28448 | Bladenboro, NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/19/18 Date | 10/19/2018 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**
**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ULDEAN FAYE BOWEN
300 LUTHER BRISSON RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

☐ **equest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10/31/18

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Woody D Hester 371 Sunset Park Road Bladenboro NC 28320

Name of Assistant Address of Assistant

X Woody D Hester 10/31/2018

Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Woody D Hester | Deborah Edwards |
| Signature (Required) | Signature (Required) |
| 371 Sunset Park Rd | 157 Luther Brisson Rd |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | Bladenboro NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/31/2018 | 10-31-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JASON DEWAYNE ROBINSON
502 VILLAGE ST
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

☐ **quest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the ' Certification)

☐ [redacted] the *Witnesses'*

10/29/18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant: Tonya Long
Address of Assistant: 600 North Main St Bladenboro NC
X Signature of Assistant: Tonya Long
Date: 10/29/18

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Tonya Long | Nikki A Hester |
| Signature (Required) | Signature (Required) |
| 600 North Main Street | 371 Bussell Pond Road |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC 28320 | Bladenboro NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/29/18 | 10-29-2018 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public — Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

TYRESE EARL CAMPBELL
133 WHITE PLAINS CHURCH RD
CLARKTON, NC 28433

DEM - BLADEN COUNTY

[redacted]

☐ **uest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10-29-18
Signa Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Agnes C. Willis | Unmonroe |
| Signature (Required) | Signature (Required) |
| 2101 White Plains ch Rd | 123 Charles Dr |
| Street Address (Required) | Street Address (Required) |
| Clarkton, NC 28434 | Council, NC 28434 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-29-18 | 10/29/18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

TAMMY JEANETTA HANRHAN
4890 LISBON RD
CLARKTON, NC 28433

DEM - BLADEN COUNTY

[redacted]

☐ **uest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a no[redacted]plete **Option 2** of the *Witnesses' Certi*

X[redacted] 10/16/18
Signa[redacted] Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| James Cromartie | Sandra Cromartie |
| Signature (Required) | Signature (Required) |
| 4890 Lisbon RD | 4890 Lisbon Rd |
| Street Address (Required) | Street Address (Required) |
| Clarkton, NC, 28433 | Clarkton N.C. 28433 |
| City, State and Zip (Required) 10/16/2018 Date | City, State and Zip (Required) 10-16-2018 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MARIE BROWN
4832 LISBON RD
CLARKTON, NC 28433

DEM - BLADEN COUNTY

[redacted]

☐ **Second Primary/Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a r[redacted] of the *Witnesses' Ce*

X [redacted] 10/16/18
Sig Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

WANDA MONROE
Name of Assistant Address of Assistant

X [signature] 10/16/18
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| [signature] | [signature] |
| Signature (Required) | Signature (Required) |
| 123 Charles Dr | 4832 Lisbon RD |
| Street Address (Required) | Street Address (Required) |
| Council, NC 28434 | Clarkton, N.C |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/16/18 Date | 10-16-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SHIRLEY CROMARTIE CHERRY
820 MOULTRIE LN
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

**uest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] **ion 2** of the *Witnesses' Ce*

X [redacted] 10-16-18
Sig Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 123 Charles DR | 645 NC Lead Sch. #90 |
| Street Address (Required) | Street Address (Required) |
| Council, NC | Elizabethtown |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/16/18 Date | NC 28337 Date 10/16/18 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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CHARLIE COLEMAN CROMARTIE JR
10213 NC 87 HWY W
TAR HEEL, NC 28392

DEM - BLADEN COUNTY

[redacted]

**equest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Ce*

X [redacted] 10-20-18
Sig Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Charles D Cromartie | [illegible] |
| Signature (Required) | Signature (Required) |
| 10213 NC Hwy 87 West | 123 Charles Dr |
| Street Address (Required) | Street Address (Required) |
| Tarheel, NC 28392 | Clinton, NC |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-26-18 | 10/20/18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CHARLES DARREN CROMARTIE II
10213 NC 87 HWY W
TAR HEEL, NC 28392

DEM - BLADEN COUNTY

[redacted]

☐ **Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option** 1 of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option** 2 of the *Witnesses'*

[redacted] 10-20-18
te

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Charlie C. Cromartie | [illegible] |
| Signature (Required) | Signature (Required) |
| 10213 NC HWY 87 W. | 123 CHARLES DR |
| Street Address (Required) | Street Address (Required) |
| TAR HEEL NC 28392 | Council NC |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-20-18 | 10/20/18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

FREDDRICK OBRIAN CROMARTIE
2584 LISBON RD
COUNCIL, NC 28434

DEM - BLADEN COUNTY

[redacted]

[redacted]uest
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted]n 2 of the *Witnesses'*

10/18/18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Sheresse Lynn-Cromartie | [illegible] |
| Signature (Required) | Signature (Required) |
| 2584 Lisbon Rd | 193 Charles Dr |
| Street Address (Required) | Street Address (Required) |
| Council NC 28434 | Council, NC 28434 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/18/18 Date | 10/18/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**
**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

QUEEN ESTHER CROMARTIE
2641 LISBON RD
COUNCIL, NC 28434

DEM BLADEN COUNTY

[redacted]

☐ **quest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted]

Signature of Voter (Required) Date 10-22-18

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

WANDA MONROE 123 Charles Dr
Name of Assistant Address of Assistant

X Wanda Monroe 10/22/18
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Wanda Monroe | Lee Cromartie |
| Signature (Required) | Signature (Required) |
| 123 Charles DR | 128 Charlie's Drive |
| Street Address (Required) | Street Address (Required) |
| Council, NC | Council, NC 28434 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/22/18 Date | 10/22/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE. A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ISAIAH JOHNSON
4832 LISBON RD
CLARKTON, NC 28433

DEM - BLADEN COUNTY

[redacted]

☐ **[redacted]est**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] 2 of the *Witnesses'*

10-16-18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Mariel Brown | [illegible] |
| Signature (Required) | Signature (Required) |
| 4832 Lisbon Rd | 123 Charles Dr |
| Street Address (Required) | Street Address (Required) |
| Clarkton, NC 28433 | Council, NC 28434 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/16/18 Date | 10/16/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

KRISTI MCDOWELL
43 TROY-WILLIS DR
COUNCIL, NC 28434

DEM - BLADEN COUNTY

[redacted]

☐ **uest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] **tion 2** of the *Witnesses'* C[redacted]

S[redacted] 10/22/18 Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| [illegible] | Bernice Mcdowell |
| Signature (Required) | Signature (Required) |
| 123 Charles Dr | 43 Troy Willis Dr. |
| Street Address (Required) | Street Address (Required) |
| Council, NC | Council, NC 28434 |
| City, State and Zip (Required) 10/22/18 Date | City, State and Zip (Required) 10/22/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;

**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JOE LEWIS MCMILLAN
107 EASY ST
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

**[redacted]est**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 10/16/18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

WANDA MONROE
Name of Assistant Address of Assistant

X wmonroe 10/16/18
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| wmonroe | Shirley Cherry |
| Signature (Required) | Signature (Required) |
| 123 Charles Dr | 820 moultrie LN |
| Street Address (Required) | Street Address (Required) |
| Council, NC | Elizabethtown N.C |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/16/18 Date | 28337 10-16-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;

**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ANNIE MONROE
69 CLYDE HATCHER RD
COUNCIL, NC 28434

DEM - BLADEN COUNTY

[redacted]

**Request**

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10-16-18
Signature Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 61 monroe family Circle | 123 Charles Dr |
| Street Address (Required) | Street Address (Required) |
| Council NC 28434 | Council, NC 28434 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/16/18 Date | 10/16/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

IRA WAYNE TROY JR
55 TROY-WILLIS DR
COUNCIL, NC 28434

DEM - BLADEN COUNTY

[redacted]

☐ **quest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10-22-18
Signature Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Ruthie B. Troy | Veronica |
| Signature (Required) | Signature (Required) |
| 55 Troy Willis dr. | 123 Clarke DR |
| Street Address (Required) | Street Address (Required) |
| 10-22-18 | Council, NC |
| City, State and Zip (Required) | City, State and Zip (Required) |
| Council, nc 28434 | 10/22/18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RETHA BELL TROY
55 TROY-WILLIS DR
COUNCIL, NC 28434

DEM - BLADEN COUNTY

[redacted]

☐ **quest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10-22-18
Signature of Voter (Required) Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Matthew Troy | [illegible] |
| Signature (Required) | Signature (Required) |
| 55 Troy Willis Dr | 123 Charles Dr |
| Street Address (Required) | Street Address (Required) |
| Council NC 28434 | Council, NC 28434 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-22-18 | 10/22/18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RUBY WILLIAMS WALLER
620 MCLEOD ST # 10F
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

☐ **quest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'* C[redacted]

S[redacted] 10/16/2018
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 123 Charles Dr | 820 Mayltrie Lane |
| Street Address (Required) | Street Address (Required) |
| Council, NC 28434 | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/16/18 Date | 10-16-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

EARNESTINE PERRY WRIGHT
615 MCLEOD ST # 9D
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10-16-18
Signature Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Shirley Cherry | [illegible] |
| Signature (Required) | Signature (Required) |
| 820 Moultrie Lane | 123 Charles Dr |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown N.C 28337 | Conway, NC |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-16-18 | 10/16/18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JAMES TREMAINE CROMARTIE
4890 LISBON RD
CLARKTON, NC 28433

DEM – BLADEN COUNTY

[redacted]

☐ **quest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10/16/2018
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Jean Cromartie | [illegible] |
| Signature (Required) | Signature (Required) |
| 4890 Lisbon Rd | 123 Charles Dr |
| Street Address (Required) | Street Address (Required) |
| Clarkton N.C. 28433 | Council NC 28434 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| Date | 10/16/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JOHNNY WAYNE CROMARTIE
128 CHARLIE'S DR
COUNCIL, NC 28434

DEM - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10-24-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 123 Charlies Dr | 126 Charlies Dr |
| Street Address (Required) | Street Address (Required) |
| Council, NC 28434 | Council, NC 28434 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/24/18 Date | 10/24/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LOU JEAN CROMARTIE
4890 LISBON RD
CLARKTON, NC 28433

DEM - BLADEN COUNTY

[redacted]

...quest
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a n... of the *Witnesses' Ce...*

X [redacted] 10-16-2018
Sign... Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| James T Cromartie | [signature] |
| Signature (Required) | Signature (Required) |
| 4890 Lisbon RD | 4890 Lisbon Rd |
| Street Address (Required) | Street Address (Required) |
| Clarkton, NC 28433 | Clarkton NC 28433 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/16/2018 Date | 10/16/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**
**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED
OCT 27 2018
TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

SHEENA LACOE CROMARTIE
777 CLYDE HATCHER RD
COUNCIL, NC 28434

DEM - BLADEN COUNTY

[redacted]

**equest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10/24/18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) Marlena Cromartie |
| Street Address (Required) 123 Charles Dr | Street Address (Required) 770 Clyde Hatcher Rd Council |
| City, State and Zip (Required) Council, NC 28434 | City, State and Zip (Required) 770 Clyde Hatcher Rd Council |
| Date 10/24/18 | Date 10-24-18 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SHEREESE NICOLE LYNN-CROMARTIE
2584 LISBON RD
COUNCIL, NC 28434

UNA - BLADEN COUNTY

[redacted]

[redacted]RTIE

[redacted]uest

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

**Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted]

[redacted] 10/18/18

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| [redacted] | [redacted] |
| Signature (Required) | Signature (Required) |
| 2584 Lisbon Rd | 123 Charles DR |
| Street Address (Required) | Street Address (Required) |
| Council NC 28434 | Council, NC |
| City, State and Zip (Required) | City, State and Zip (Required) |
| Date | 10/18/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BILLY ALFRED PIERCE
620 MCLEOD ST # 17B
ELIZABETHTOWN, NC 28337

UNA - BLADEN COUNTY

[redacted]

**uest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'* C

[redacted] 10-16-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| [redacted] | Shirley Cherry |
| Signature (Required) | Signature (Required) |
| 123 Charles Dr | 820 mcintire LN |
| Street Address (Required) | Street Address (Required) |
| Coure. / NC 28434 | Elizabethtown N.C |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/16/18 Date | 28337 10-16-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MATTHEW NICHOLAS TROY
55 TROY-WILLIS DR
COUNCIL, NC 28434

DEM - BLADEN COUNTY

[redacted]

☐ **In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)**

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10/22/18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| [redacted] | Ruth B. Troy |
| Signature (Required) | Signature (Required) |
| 123 Charles DR | 55 Troy Willis Dr. |
| Street Address (Required) | Street Address (Required) |
| Council, NC 28434 | Council, NC |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/22/18 Date | 10-22-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

SEAL

[redacted]

mission Expiration Date

NCSBE v2

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JENEAN WILLIS
753 CLYDE HATCHER RD
COUNCIL, NC 28434

DEM - BLADEN COUNTY

[redacted]

☐ **[redacted]quest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10-20-18
Signature Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| [redacted] | Bessie Willis |
| Signature (Required) | Signature (Required) |
| 123 Charles DR | 843 Clyde Rd |
| Street Address (Required) | Street Address (Required) |
| Council, NC | Council NC |
| City, State and Zip (Required) 10/20/18 Date | City, State and Zip (Required) 10/20/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ROCHELLE WILLIS
854 CLYDE HATCHER RD
COUNCIL, NC 28434

DEM - BLADEN COUNTY

[redacted]

☐ **est**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'* C[redacted]

S[redacted] 10-20-18 Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 123 Charles DR | Council NC |
| Street Address (Required) | Street Address (Required) |
| Council, NC | 843 Clyde Hatcher |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/20/18 Date | 10/18/20 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**
**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ROXIE CROMARTIE WILLIS
843 CLYDE HATCHER RD
COUNCIL, NC 28434

DEM - BLADEN COUNTY

[redacted]

☐ **equest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 10/20/18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| [illegible] | Rachelle Willis |
| Signature (Required) | Signature (Required) |
| 123 Charles DR | 854 Clyde Hatcher Rd |
| Street Address (Required) | Street Address (Required) |
| Council NC | Council NC 28434 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/20/18 Date | 10-20-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

VELMA LEE YOUNG
155 WHITE PLAINS CHURCH RD
CLARKTON, NC 28433

DEM - BLADEN COUNTY

[redacted]

**equest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

**Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a n[redacted]of the *Witnesses' Cer*

X [redacted] 10-14-018

Sign[redacted]

Nam[redacted]

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| [redacted] | Agnes Willis |
| Signature (Required) | Signature (Required) |
| 123 Charles Dr | 261 White Plains Ch. Rd |
| Street Address (Required) | Street Address (Required) |
| Counc. NC 28434 | Clarkton, NC 28433 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/14/18 | 10-14-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**
**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

TONYA DENISE MCDOWELL
1202 DAISY ST
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

☐ **quest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'* C[redacted]

10-24-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required): Latania Bullock | Signature (Required): Lillie G. Kelly |
| Street Address (Required): 3295 Beamt Plant Rd | Street Address (Required): 1202 Daisy St |
| City, State and Zip (Required): Elizabethtown NC | City, State and Zip (Required): E'TOWN NC |
| Date: 10/24/18 | Date: 10/24/18 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LILLIE F KELLY
1202 DAISY ST
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

50

**quest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 10-24-18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter:

Tonya McDowell
Name of Assistant Address of Assistant

X Tonya McDowell 10-24-18
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Latavia Bullock | Tonya McDowell |
| Signature (Required) | Signature (Required) |
| Street Address (Required) 5295 Peanut Plt Rd | Street Address (Required) 1202 Daisy St |
| City, State and Zip (Required) EITown NC 10/24/18 Date | City, State and Zip (Required) EITown NC 10/24/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

KARA SUSANNE BOBBEY
12351 NC 53 HWY W
WHITE OAK, NC 28399

REP - BLADEN COUNTY

[redacted]

☐ **quest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10/14/18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 41481 Blincoe Court | 22337 Essex Meeting Dr |
| Street Address (Required) | Street Address (Required) |
| Leesburg, VA 20175 | Gaithersburg MD |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10.14.18 Date | 10/14/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

OCT 27 2018

TIME _____ REC'D BY

LUKE ANDERSON BOBBEY
12351 NC 53 HWY W
WHITE OAK, NC 28399

REP - BLADEN COUNTY

[redacted]

☐ **Second Primary/Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 10/18/18
Date

_____
Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Joseph D Bladen | Seth Vieregge |
| Signature (Required) | Signature (Required) |
| 701 2 Golfers CT SE | 7469 Joshua Tree Trl |
| Street Address (Required) | Street Address (Required) |
| Rochester, MN 55904 | McKinney, TX, 75070 |
| City, State and Zip (Required) 10/18/18 Date | City, State and Zip (Required) 10/18/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DORIS ANN BRITT LEWIS
8853 BURNEY RD
WHITE OAK, NC 28399

DEM - BLADEN COUNTY

[redacted]

☐ **est**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted]
Signature of Voter (Required) Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Valena Peacock McKoy | Anna P. Wand |
| Signature (Required) | Signature (Required) |
| 943 Rico Rd | 1798 NC Hwy 11 |
| Street Address (Required) | Street Address (Required) |
| Whiteville, NC 28472 | Kelly NC 28448 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-22-18 | 10/22/18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MILLIE A THOMPSON
12948 NC 131 HWY
BLADENBORO, NC 28320

DEM - BLADEN COUNTY

[redacted]

[redacted]est
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☑ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted] to

12948 US Hwy 131
Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted]e *Witnesses'*

[redacted] 10/22/18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Shawn Rubarts | RANDY Pait |
| Signature (Required) | Signature (Required) |
| 85 Saddle Ridge | 12948 US Hwy 131 |
| Street Address (Required) | Street Address (Required) |
| Currie, NC 28435 | Bladenboro, NC |
| City, State and Zip (Required) 10/22/18 Date | City, State and Zip (Required) 10/22/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LINDA PAIT HARGROVE
1915 FORREST DR
BLADENBORO, NC 28320

DEM - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' C*

X [redacted] 10-18-18
Signature Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Holley H. Norris | Jessica P. Walters |
| Signature (Required) | Signature (Required) |
| 63 W Severn Dr. | 604 S. Cashe St. |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown, NC | Bladenboro, NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 28337 10/18/18 | 10-18-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;

**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LINDA T HESTER
603 S ASHE ST
BLADENBORO, NC 28320

DEM - BLADEN COUNTY

[redacted]

Boar

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

☐ [redacted]

Signature of Voter (if applicable) Date 10-16-18

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 513 S. Ashe St | 513 S. Ashe St |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC 28320 | Bladenboro NC 28320 |
| City, State and Zip (Required) 10/16/18 Date | City, State and Zip (Required) 10/16/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**
**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JAMES DEROTHA HARGROVE
1915 FORREST DR
BLADENBORO, NC 28320

DEM - BLADEN COUNTY

[redacted]

Bo

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'* [redacted] 10-18-18

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Holly H. Norris | Julia P. Walters |
| Signature (Required) | Signature (Required) |
| 63 W Severn Dr. | 604 S. Cake St. |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown, NC 28337 | Bladenboro, NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/18/18 | 10-18-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CHARLES TOMMIE OWENS
134 OLD ABBOTTSBURG RD
BLADENBORO, NC 28320

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted]

[redacted]

134 Old Abbottsburg Road
Address where application and ballots should be mailed
Bladenboro, N. C. 28320

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10-22-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Lori Wiggins | Brenda Thompson |
| Signature (Required) | Signature (Required) |
| 5105 Willard Oak Dr. | 116 old abbottsburg rd. |
| Street Address (Required) | Street Address (Required) |
| Lumberton, NC 28358 | Bladenboro, N.C 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-22-18 | 10-22-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JEANETTE S OWENS
134 OLD ABBOTTSBURG RD
BLADENBORO, NC 28320

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

[redacted]
Signature of Voter (if applicable)

134 old Abbotsburg Rd.
Address where application and ballots should be mailed

Bladenboro, NC 28320

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 10-22-18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) Lori Wiggins | Signature (Required) Brenda Thompson |
| Street Address (Required) 5105 Willow Oak Dr. | Street Address (Required) 116 old abbotsburg R |
| City, State and Zip (Required) Lumberton, NC 28358 | City, State and Zip (Required) Bladenboro N.C, 28320 |
| Date 10-22-18 | Date 10-22-18 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate; UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RAMONA TANN BETHEA
6365 NC 211 HWY W
BLADENBORO, NC 28320

DEM - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10/23/18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Angie Kohn Bethea | John Arch Bethea |
| Signature (Required) | Signature (Required) |
| 20 Acadiana Drive | 6365 211 W. |
| Street Address (Required) | Street Address (Required) |
| Parkton, N.C. 28371 | Bladenboro, NC 3/12/46 |
| City, State and Zip (Required) 10/23/18 Date | City, State and Zip (Required) 10/23/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

VIVIAN DELORES WILLIAMS
1131 WHITE OAK RD
KELLY, NC 28448

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

[redacted]
Signature of Voter (if applicable)

01-2597 Cir St #4W Roslyn Hts NY 11374
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option** 1 of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'* C[redacted]

[redacted] 10/19/18
Si[redacted] Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Edna Thompson | Lyudmila Sinenko |
| Signature (Required) Edna Thompson | Signature (Required) 63-26 99th St #4-B |
| Street Address (Required) 9823 Horace Harding Expy | Street Address (Required) Lyudmila Sinenko |
| City, State and Zip (Required) Corona, NY 10/20/18 Date | City, State and Zip (Required) Rego Park, NY 11374 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JAMES MICHAEL BREWINGTON
305 E ELM ST
BLADENBORO, NC 28320

DEM - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10-18-18
Sig Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 122 Brandford Rd | 2818 Parkview Dr. |
| Street Address (Required) | Street Address (Required) |
| Cumberland VA 23040 | Vinton, Va 24179 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-19-2018 Date | 10/19/2018 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

TIMOTHY ADAM BRYAN
190 J HILL ACRES RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10/30/18
Signature of Voter (Required) Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required): Stacie L Bryan | Signature (Required): Janice Peters |
| Street Address (Required): 190 J Hill Acres Rd | Street Address (Required): 5218 Marsh Rd |
| City, State and Zip (Required): Bladenboro NC 28320 | City, State and Zip (Required): Bladenboro NC 28320 |
| Date: 10-31-18 | Date: 10-31-18 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED
OCT 27 2018
TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

SALLY IVEY MILCZAKOWSKI
3697 OWEN HILL RD
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Boa

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to

[redacted]

Signature of Voter (if applicable)

3697 Owen Hill Rd.
Address where application and ballots should be mailed
Elizabethtown, NC 28337

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10-24-18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) Amber Milczakowski |
| Street Address (Required) 3697 Owen Hill Rd. | Street Address (Required) 3697 Owen Hill Rd. |
| City, State and Zip (Required) Elizabethtown NC 28337 | City, State and Zip (Required) Elizabethtown NC 28337 |
| Date 10-24-18 | Date 10/24/18 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ELMER ETHRIDGE MOTE
1004 STORMS RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

✓ X [redacted] 10-18-18
Signature Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

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| Witness #1 | Witness #2 |
|---|---|
| Linda H. Mote | Matthew Pait |
| Signature (Required) | Signature (Required) |
| 1004 Storms Rd. | 1087 Callys Rd |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | Bladenboro NC 28320 |
| City, State and Zip (Required) 10-18-18 Date | City, State and Zip (Required) 10-18-2018 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LINDA HESTER MOTE
1004 STORMS RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Bo[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted]

X [redacted] 10-18-18
Signature Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Elmer C Mote | Matthew T Pait |
| Signature (Required) | Signature (Required) |
| 1004 Storms Rd. | 1087 Cabbage Rd |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | Bladenboro NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-18-18 | 10-18-2018 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CYNTHIA GILLESPIE
2170 MERCER MILL/BROWN MARSH RD
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted]

Signature of Voter (Required) Date 11-6-18

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Barbara G Hucks | Lola Roberts |
| Signature (Required) | Signature (Required) |
| 2148 mercer mill El | 1082 ewz DR |
| Street Address (Required) | Street Address (Required) |
| E town N.C 28337 | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 11-6-18 Date | 11/6/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;

**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED
OCT 27 2018

THOMAS RAY MILCZAKOWSKI
3697 OWEN HILL RD
ELIZABETHTOWN, NC 28337

UNA - BLADEN COUNTY

[redacted]

TIME
BLADEN CTY BD OF ELECTIONS

Bo[redacted]

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to

[redacted]

Signature of Voter (if applicable)

3697 Owen Hill Rd.
Address where application and ballots should be mailed
Elizabethtown NC 28337

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] of the *Witnesses'* C[redacted]

X [redacted] 10-23-18
Sig[redacted] Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Sally Ann Mikzakowski | Amber Milczakowski |
| Signature (Required) | Signature (Required) |
| 3697 Owen Hill Rd. | 3697 Owen Hill Rd. |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC | Elizabethtown NC |
| City, State and Zip (Required) 28337 | City, State and Zip (Required) 28337 |
| Date 10-23-18 | Date 10/23/18 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CHAKAYLA LATRECE MCLEAN
1171 GRAHAM RD
RIEGELWOOD, NC 28456

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10/17/2018
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

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| Witness #1 | Witness #2 |
|---|---|
| Gloria B Mc Lean | Shatoya McR |
| Signature (Required) | Signature (Required) |
| 1171 Graham Rd | 1171 Graham Rd |
| Street Address (Required) | Street Address (Required) |
| Riegelwood, NC 28456 | Riegelwood, NC28456 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10.17.18 | 10/17/18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

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WILLIAM EDWARD WARD
1798 NC 11 HWY
KELLY, NC 28448

DEM - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

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☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete [redacted] *Certification*)

X [redacted]
Signature of Voter (Required) Date 10-25-18

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Anna P. Ward | Joann Griffin |
| Signature (Required) | Signature (Required) |
| 1798 NC Hwy 11 | 1798 E. hwy 11 |
| Street Address (Required) | Street Address (Required) |
| Kelly NC 28448 | Kelly NC 28448 |
| City, State and Zip (Required) 10/25/18 Date | City, State and Zip (Required) 10-25-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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GINA PRIEST WARD
1798 NC 11 HWY
KELLY, NC 28448

UNA - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
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Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

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☐ a [redacted] **tion 2** of the *Witnesses'*

[redacted] 10/28/18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 1798 E hwy 11 | 1798 E Hwy 11 |
| Street Address (Required) | Street Address (Required) |
| Kelly NC 28448 | Kelly NC 28448 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-29-18 | 10-29-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED
OCT 24 2018

CATHIE PHILLIPS PRICE
76 WREXHAM PL
WHITE LAKE, NC 28337

REP - BLADEN COUNTY

[redacted]

TIME ____ REC'D BY
BLADEN CO. BD. OF ELECTIONS

Board approval date

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

[redacted]
Signature of Voter (if applicable)

PO Box 2213 Elizabethtown NC 28337
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10-22-18
Signature Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Mandria Pearsall | Jerrod Pearsall |
| Signature (Required) | Signature (Required) |
| 67 Wrexham Pl | 67 Wrexham Pl |
| Street Address (Required) | Street Address (Required) |
| White Lake NC 28337 | White Lake NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/22/18 Date | 10-22-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds office by federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED
OCT 24 2018
TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

DANNY RAY PRICE
76 WREXHAM PL
WHITE LAKE, NC 28337

REP - BLADEN COUNTY

[redacted]

Boar[redacted]

**Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

**Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted] eligible ballots.)

[redacted]
Signature of Voter (if applicable)

BOX 2213 Elizabethtown, NC 28337
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

[X] two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

[ ] a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10/22/2018
Signature Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 67 Wrexham Pl | 67 Wrexham Pl |
| Street Address (Required) | Street Address (Required) |
| White Lake NC 28337 | White Lake NC 28337 |
| City, State and Zip (Required) 10/22/2018 Date | City, State and Zip (Required) 10/22/2018 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JULIA HESTER ALLEY
296 HESTER MILL RD
BLADENBORO, NC 28320

DEM - BLADEN COUNTY

[redacted]

Bo[redacted]

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

[redacted]
Signature of Voter (if applicable)

296 Hester Mill Rd Bladenboro N.C. 28320
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10-18-2018
Signature Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Janice H. Peach | Donna R. Pait |
| Signature (Required) | Signature (Required) |
| 101 Edwin Heights Rd | 296 Hester Mill Rd. |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC | Bladenboro NC |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-14-18 | 10-16-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BARBARA HART TATUM
133 LIVE OAK METHODIST CHURCH RD
WHITE OAK, NC 28399

REP - BLADEN COUNTY

[redacted]

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

☐ a [redacted] *Witnesses'* C[redacted]

S[redacted] te 10/14/18

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 133 Live Oak Meth Church Rd | 572 Live Oak Meth Ch Rd |
| Street Address (Required) | Street Address (Required) |
| White Oak NC 28399 | White Oak, NC 28399 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/16/18 Date | 10/16/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MATASHA CAMELLIA ANDERSON
300 HILL ST
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Boe

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 10/18/18
Signature Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| [redacted] | Annie M Lewis |
| Signature (Required) | Signature (Required) |
| 123 Charles Dr | 300 Hill St |
| Street Address (Required) | Street Address (Required) |
| Council, NC | Elizabethtown, N.C |
| City, State and Zip (Required) 10/18/18 Date | City, State and Zip (Required) N.C. 28337 10-18-2018 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BALAJI ANTONIO ASHE
300 HILL ST
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10-18-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Annie M. Lewis | [illegible] |
| Signature (Required) | Signature (Required) |
| 300 Hill St | 123 Charles DR |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown | Council, NC 28434 |
| City, State and Zip (Required) N.C. 28337 10-18-18 Date | City, State and Zip (Required) 10/18/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ANAIYA TIARRA CROMARTIE
2606 LISBON RD
COUNCIL, NC 28434

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option** 1 of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10/18/18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 2606 Lisbon Rd | 2606 Lisbon Rd |
| Street Address (Required) | Street Address (Required) |
| Council NC 28434 | Council NC 28434 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-18-18 | 10-18-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CAROLYN GRAHAM CROMARTIE
411 WHITE OAK RD
KELLY, NC 28448

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option** 1 of the *Witnesses' Certification*)

OR

☐ [redacted] the *Witnesses'*

10-16-18
Date

[redacted]
Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Ashley Anderson | Agusta Burnett |
| Signature (Required) | Signature (Required) |
| 83 Gazebo Drive | 743 Cassua Smith Rd |
| Street Address (Required) | Street Address (Required) |
| Kelly, NC, 28448 | Kelly NC |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/16/18 Date | 28448 Date 10-16-1 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JACQUALINE RENEE CROMARTIE
2606 LISBON RD
COUNCIL, NC 28434

DEM - BLADEN COUNTY

[redacted]

Bo

☐ **Second Primary Request or Runoff Request**
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☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10/18/18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Ramiris Cortes | Monzon |
| Signature (Required) | Signature (Required) |
| 2606 Lisbon Rd | 123 Chapters DR |
| Street Address (Required) | Street Address (Required) |
| Council NC. 28434 | Council, NC |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-18-18 Date | 10/18/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LAMORRIS CROMARTIE
2606 LISBON RD
COUNCIL, NC 28434

DEM - BLADEN COUNTY

[redacted]

Boar[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

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OR

☐ [redacted] **Option 2** of the *Witnesses'*

[redacted] 10-18-18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| [redacted] | [redacted] |
| Signature (Required) | Signature (Required) |
| 2606 Lisbon Rd | 123 [redacted] DR |
| Street Address (Required) | Street Address (Required) |
| Council 28434 | Council, NC |
| City, State and Zip (Required) 10-18-18 Date | City, State and Zip (Required) 10/18/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LAMORRIS FATIR CROMARTIE
2606 LISBON RD
COUNCIL, NC 28434

DEM - BLADEN COUNTY

[redacted]

Bo[redacted]

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Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'* C[redacted]

S[redacted] 10-18-18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

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| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 2606 Lisbon Rd | 2606 Lisbon Rd |
| Street Address (Required) | Street Address (Required) |
| Council NC. 28434 | Council NC. |
| City, State and Zip (Required) 10-18-18 Date | City, State and Zip (Required) 10-18-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

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# Absentee Application and Certificate

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WILFRED THEODORE CROMARTIE
411 WHITE OAK RD
KELLY, NC 28448

DEM -- BLADEN COUNTY

[redacted]

Boa[redacted]

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

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☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10-16-18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Ashley Anderson | Signata Burneta |
| Signature (Required) | Signature (Required) |
| 83 Gazebo Drive | 743 Cassena Smith Rd |
| Street Address (Required) | Street Address (Required) |
| Kelly, NC, 28448 | Kelly NC |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/16/18 Date | 28448 Date 10-16- |

**Option 2: Notary Public as Witness**
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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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TYNE DEONA FARMER
300 HILL ST
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10-18-2018
Date

Name Correction (if applicable)

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Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
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| Witness #1 | Witness #2 |
|---|---|
| Natasha Anderson | [illegible] |
| Signature (Required) | Signature (Required) |
| 300 Hill ST | 123 Charles Dr |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Council, NC 28434 |
| City, State and Zip (Required) 10/18/18 Date | City, State and Zip (Required) 10/18/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;

**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

TODD L JONES
47 BACK DR
CLARKTON, NC 28433

UNA - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Cert*

[redacted]

X
Signa
Date 10-28-18

Name

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Agnes C. Willis | [illegible] |
| Signature (Required) | Signature (Required) |
| 261 White Plains Ch. Rd | 123 Charles Dr |
| Street Address (Required) | Street Address (Required) |
| Clarkton, NC 28433 | Council, NC 28434 |
| City, State and Zip (Required) 10-28-18 Date | City, State and Zip (Required) 10/28/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ANNIE M LEWIS
300 HILL ST
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10/18/20
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| [signature] | [signature] |
| Signature (Required) | Signature (Required) |
| 123 Charles Dr | 300 hill st |
| Street Address (Required) | Street Address (Required) |
| Council, NC 28434 | Elizabethtown |
| City, State and Zip (Required) 10/18/18 Date | City, State and Zip (Required) 10-14-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SYLVESTER WILLIS
73 TROY-WILLIS DR
COUNCIL, NC 28434

DEM - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10/20/18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| [redacted] | Gwen Willis |
| Signature (Required) | Signature (Required) |
| 123 Charles DR | 753 Clyde Hatcher |
| Street Address (Required) | Street Address (Required) |
| Council, NC | Council |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/20/18 Date | NC 28434 Date 10-20-18 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DELORES HARRIS SMOKER
1045 S HORSEPEN RD
HARRELLS, NC 28444

REP - BLADEN COUNTY

[redacted]

Bo[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10/16/18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

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| Witness #1 | Witness #2 |
|---|---|
| Phyllis L. Latham | Robert T Latham |
| Signature (Required) | Signature (Required) |
| 13 Egret Dr. | 13 Egret Dr. |
| Street Address (Required) | Street Address (Required) |
| Harrells NC 28444 | Harrells, NC 28444 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-16-18 Date | 10-16-2018 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RONALD DEAN SMOKER
1045 S HORSEPEN RD
HARRELLS, NC 28444

REP - BLADEN COUNTY

[redacted]

Boa

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In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

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OR

☐ a notar[redacted] f the *Witnesses' Certific*

X [redacted] 10/16/18
Signatur Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

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**(Required Unless a Notary Public is the Witness)**

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| Witness #1 | Witness #2 |
|---|---|
| Phyllis L. Latham | Phyllis L. Latham |
| Signature (Required) | Signature (Required) |
| 13 Egret Dr. | 13 Egret Dr |
| Street Address (Required) | Street Address (Required) |
| Harrells NC 28444 | Harrells NC 28444 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-16-2018 | 10-16-2018 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

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NCSBE v2018.02

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NAIROBI MARCUS LEWIS
300 HILL ST
ELIZABETHTOWN, NC 28337

UNA - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

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OR

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[redacted] 10/18/18
Date

Name Correction (if applicable)

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Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

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| Witness #1 | Witness #2 |
|---|---|
| Natasha Anderson | [illegible] |
| Signature (Required) | Signature (Required) |
| 300 Hill ST | 123 Charles DR |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Council, NC 28434 |
| City, State and Zip (Required) 10/18/18 Date | City, State and Zip (Required) 10/18/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

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STATE OF _____

COUNTY OF _____ SEAL

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED

05

RECEIVED
NOV 05 2018

TYLER JAMES EZZELL
2035 MOTE RD
HARRELLS, NC 28444

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

UNA - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to pa[redacted]ceive eligible ballots.)

Sig[redacted]

Address where application and ballots should be mailed

**Voter's Certification (Required)**

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

I am applying for an absentee ballot • I am a duly qualified voter, registered an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] NOV. [redacted], 2018
Signature of Voter Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| LaDana M. Ezzell | Wiley J Ezzell |
| Signature (Required) | Signature (Required) |
| 2035 Mote Rd. | 2035 Mote Rd |
| Street Address (Required) | Street Address (Required) |
| Harrells NC 28444 | Harrells NC 28444 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 11-3-18 Date | 11-3-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DIANNE ALETHEA JACOBS
1548 PORTERVILLE SCHOOL RD
CLARKTON, NC 28433

DEM - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☑ a no[redacted] 2 of the *Witnesses' Certi*

X [redacted] 10-31-2018
Signa Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing [illegible] ballot described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot, or caused it to be marked in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| | |
| Signature (Required) | Signature (Required) |
| Street Address (Required) | Street Address (Required) |
| City, State and Zip (Required) | City, State and Zip (Required) |
| Date | Date |

GINA L KLINGENST
Notary Public
Commonwealth of Virginia
My Commission Expires October 31, 2021
Commission ID# 356772

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the 31ST day of October, 20 18, the Voter: Dianne Alethea Jacobs personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate [G.S. § 108-30]*

STATE OF Virginia
COUNTY OF York

Gina L Klingenst SEAL
Notary Public Commission Expiration Date

Oct. 31, 2021

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MAGGIE GRAHAM HALL
623 KENNEDY STORE RD
RIEGELWOOD, NC 28456

DEM BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 10-20-2018
Signature Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Rhonda B. Hall | Leonard Hall |
| Signature (Required) | Signature (Required) |
| 1313 Bolton-Blacknall | 345 Myrtle Ln |
| Street Address (Required) | Street Address (Required) |
| Riegelwood, NC 28456 | Riegelwood NC 28456 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-20-2018 | 10-20-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DANIEL LEON-RUSSELL PRIEST III
307 KEITH AVE
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Bo[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] e *Witnesses'*

10/21/18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Katherine Elizabeth Priest | Mary Priest |
| Signature (Required) | Signature (Required) |
| 307 Keith Ave | 307 Keith Ave |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Elizabethtown, NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/21/2018 Date | 10/21/2018 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

NORMAN LEROY TATUM
622 WEBB FAULK RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] *Witnesses'*

10/20/18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| James R Livingston | Wm D Heaton |
| Signature (Required) | Signature (Required) |
| 216 WEBB FAULK RD | 216 Webb Faulk Rd |
| Street Address (Required) | Street Address (Required) |
| BLADENBORO, NC 28320 | Bladenboro NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-20-18 | 10-20-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JOHN HENRY RHODIE
4141 NC 242 HWY S
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

4141 Nc Hwy 242 S.
Address where application and ballots should be mailed
Elizabethtown N.C 28337

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 10-22-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) Geraldine Rhody | Signature (Required) Bertha Bowers |
| Street Address (Required) 4086 Nc Hwy 242S | Street Address (Required) 4068 Nc Hwy 242S |
| City, State and Zip (Required) Elizabethtown Nc | City, State and Zip (Required) Elizabethtown Nc 28337 |
| Date 10-22-18 | Date 10-22-18 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED
NOV 05 2018

BETHANY MARIE LESANE
24891 NC 87 HWY E
RIEGELWOOD, NC 28456

DEM - BLADEN COUNTY

[redacted]

TIME _____ RECD BY
BLADEN CO. BD. OF ELECTIONS

Boar

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'* C

[redacted]

10/26/18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Althea D. Weaver | Rayato Taylor |
| Signature (Required) | Signature (Required) |
| 24891 NC Hwy 87 E | 1801 Fayetteville St |
| Street Address (Required) | Street Address (Required) |
| Riegelwood, NC 28456 | Durham, NC 27707 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/26/18 | 10-26-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;

**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SHEILA ANN KINLAW
512 PINE RIDGE CIR
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10-24-18
Signature Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Donna Outlaw | Bobbie Edwards |
| Signature (Required) | Signature (Required) |
| 219 Hemlock Drive | 104 Pecan Street Apt 3C |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC 28320 | Bladenboro NC 28320 |
| City, State and Zip (Required) 10-24-18 Date | City, State and Zip (Required) 10-24-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;

**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

TOMMY DWAYNE WRIGHT
64 BAXLEY AND WRIGHT LN
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Bod

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' C*

[redacted] 10-24-18
Sig Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Shiela Kinlaw | Bobbie Edwards |
| Signature (Required) | Signature (Required) |
| 512 Pine Ridge Circle | 104 Pecan Street Apt 3C |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC | Bladenboro NC 28320 |
| City, State and Zip (Required) 28320 10-24-18 | City, State and Zip (Required) 10-24-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BOBBIE JEAN EDWARDS
104 PECAN ST # 3C
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 10-24-18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 512 Pine Ridge | 219 Hemlock Drive |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC | Bladenboro NC 28329 |
| City, State and Zip (Required) 28320 10-24-18 Date | City, State and Zip (Required) 10-24-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JANICE RUTH WRIGHT
64 BAXLEY AND WRIGHT LN
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Board of Appeals Date

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'* C[redacted]

X [redacted] 10-23-18
Signature Date

Name correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Shayla Kilpatrick | Bobbie Edwards |
| Signature (Required) | Signature (Required) |
| 512 Pine Ridge Circle | 104 Pecan Street Apt 3C |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC 28320 | Bladenboro NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-23-18 | 10-23-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

THURMAN R YOUNG JR
155 WHITE PLAINS CHURCH RD
CLARKTON, NC 28433

DEM - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 10-24-18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Wanda Monroe 123 Charles Dr
Name of Assistant Address of Assistant

X [signature] 10/24/18
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| [signature] | Velma Young |
| Signature (Required) | Signature (Required) |
| 123 Charles Dr | 155 White Plains Ch Rd |
| Street Address (Required) | Street Address (Required) |
| Council, NC | Clarkton, N.C. |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/24/18 Date | 10-24-2018 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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DERRICK WILLIS
7095 AIRPORT RD
CLARKTON, NC 28433

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

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[redacted] 10-24-18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

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Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

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| Witness #1 | Witness #2 |
|---|---|
| Agnes C. Willis | [illegible] |
| Signature (Required) | Signature (Required) |
| 261 White Plains Ch. Rd | 123 Charles Pl |
| Street Address (Required) | Street Address (Required) |
| Clarkton NC 28433 | Council NC 28434 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-24-18 | 10/24/18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LEE DEVANE PEOPLES
294 WHITE PLAINS CHURCH RD
CLARKTON, NC 28433

DEM - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10/24/18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Wanda Monroe 123 Charles Dr
Name of Assistant Address of Assistant

X [signature] 10/24/18
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| [signature] | Agnes C. Willis |
| Signature (Required) | Signature (Required) |
| 123 Charles Dr | 261 White Plains Ch. Rd |
| Street Address (Required) | Street Address (Required) |
| Council, NC 28434 | Clarkton, NC 28433 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/24/18 Date | 10-24-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

WARREN KENT MCDOWELL
43 TROY-WILLIS DR
COUNCIL, NC 28434

DEM - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 10-22-2018
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| [redacted] | Kristi McDowell |
| Signature (Required) | Signature (Required) |
| 123 Charles Dr | 43 Troy Willis Dr. |
| Street Address (Required) | Street Address (Required) |
| Coweta, NC | Council, NC 28434 |
| City, State and Zip (Required) 28434 | City, State and Zip (Required) 10/22/18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BERNICE TROY MCDOWELL
43 TROY-WILLIS DR
COUNCIL, NC 28434

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10/22/18
Signature Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Kristi MCDOWELL | [illegible] |
| Signature (Required) | Signature (Required) |
| 43 Troy Willis Dr. | 1123 Charles Dr |
| Street Address (Required) | Street Address (Required) |
| Council, NC 28434 | Comer, NC |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/22/18 Date | 10/22/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JOYCE ANN MCCOY
26 RED HILL ST
CLARKTON, NC 28433

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10-24-18
Sig Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Wanda Monroe 123 Charles Dr
Name of Assistant Address of Assistant

X Wanda Monroe 10/24/18
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Wanda Monroe | Agnes C. Willis |
| Signature (Required) | Signature (Required) |
| 123 Charles Dr | 261 White Plains Ch. Rd |
| Street Address (Required) | Street Address (Required) |
| Council, NC 28434 | Clarkton, NC 28433 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/24/18 Date | 10-24-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

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ANDEREA RENEA HUDSON
738 DICKSON RD
RIEGELWOOD, NC 28456

DEM - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**
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OR

☐ [redacted] **2** of the *Witnesses'*

10-21-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Carol Graham | Nakeisha Bowers |
| Signature (Required) | Signature (Required) |
| 54 Dickson Rd. | 738 Dickson Rd |
| Street Address (Required) | Street Address (Required) |
| Riegelwood NC 28456 | Riegelwood NC 28456 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CAUDELL ELLISON
47 BACK DR
CLARKTON, NC 28433

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 11-4-2018
Signature Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Wanda Monroe 123 Charles DR
Name of Assistant Address of Assistant

X Wanda Monroe 11/4/18
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
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I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 123 Charles DR | 24 White Plains Ch Rd |
| Street Address (Required) | Street Address (Required) |
| Council, NC 28434 | Clarkton, NC 28433 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 11/4/18 | 11-4-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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GERTRUDE DAVIS CROMARTIE
1351 GIBSON DAIRY RD
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
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Signature of Voter (if applicable)

Address where application and ballots should be mailed

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Ce*

X [redacted] 11-6-18
Sig te

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Mary Graham 1351 Gibson Dairy Rd Elizabethtown
Name of Assistant Address of Assistant

X Mary Graham 11-6-18
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Mary Graham | Glenda Graham |
| Signature (Required) | Signature (Required) |
| 1351 Gibson Dairy Rd | 1351 Gibson Dairy Rd |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| Date 11-6-18 | 11-6-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

GUY LAVAR BLANKS
754 CLYDE HATCHER RD
COUNCIL, NC 28434

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted]
Signature Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required): Anita Cromartie | Signature (Required): [illegible] |
| Street Address (Required): 754 Clyde Hatcher Rd | Street Address (Required): 123 Charles DR |
| City, State and Zip (Required): Council, NC 28434 | City, State and Zip (Required): Council, NC |
| Date: 10-20-18 | Date: 10/20/18 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CINDY LAWANDA BLANKS
754 CLYDE HATCHER RD
COUNCIL, NC 28434

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10-20-18 Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 754 Clyde Hatcher Rd. | 123 Charles DR |
| Street Address (Required) | Street Address (Required) |
| Council NC 28434 | Council, NC |
| City, State and Zip (Required) 10-20-18 Date | City, State and Zip (Required) 10/20/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-30)*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;

**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JOSEPH ANTONER BARR
236 WHITE PLAINS CHURCH RD
CLARKTON, NC 28433

DEM - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10-28-18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| [redacted] | Agnes Willis |
| Signature (Required) | Signature (Required) |
| 123 Church Dr | 261 White Plains Ch. Rd |
| Street Address (Required) | Street Address (Required) |
| Council, NC 28434 | Clarkton, NC 28433 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/28/18 Date | 10-28-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MATTHEW TERRELL RIPLEY
135 WHITE PLAINS CHURCH RD
CLARKTON, NC 28433

DEM - BLADEN COUNTY

[redacted]

Bo[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10/26/2018
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Agnes C. Willis | [illegible] |
| Signature (Required) | Signature (Required) |
| 261 White Plains Ch. Rd | 123 Charles Dr |
| Street Address (Required) | Street Address (Required) |
| Clarkton, NC 28433 | Council, NC 28434 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-26-18 | 10/26/18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DESTINY UNIQUE JONES
47 BACK DR
CLARKTON, NC 28433

DEM - BLADEN COUNTY

[redacted]

Bo[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

10/28/18

X [redacted]
Sign

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| James C. Willis | [illegible] |
| Signature (Required) | Signature (Required) |
| 214 white Plains Rd | 123 Chestnut St |
| Street Address (Required) | Street Address (Required) |
| Clarkton, NC 28433 | Council, NC 28434 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-28-18 | 10/28/18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

KEYMON ELIJAH CROMARTIE
2584 LISBON RD
COUNCIL, NC 28434

DEM - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted]

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 2584 Lisbon Rd | 123 Charles Dr |
| Street Address (Required) | Street Address (Required) |
| Council N.C 28434 | Council, NC 28334 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-28-18 Date | 10/28/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BESSIE BOWEN GRAHAM
894 GRAHAM RD
RIEGELWOOD, NC 28456

DEM - BLADEN COUNTY

[redacted]

Boar[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'* C[redacted]

[redacted] Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Anderen Hinton | Carol Graham |
| Signature (Required) | Signature (Required) |
| 238 Dickson Rd | 84 Dickson Rd. |
| Street Address (Required) | Street Address (Required) |
| Riegelwood NC 28456 | Riegelwood NC 28456 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;

**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MISSOURI DANIELS WEBB
1222 KENNEDY STORE RD
RIEGELWOOD, NC 28456

DEM - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Tamara Moore | Jerry Webb |
| Signature (Required) Tamara Moore | Signature (Required) Jerry Webb |
| Street Address (Required) 1222 Kennedy Store Road | Street Address (Required) 1222 Kennedy Store Rd |
| City, State and Zip (Required) Riegelwood NC 28456 10/28/18 Date | City, State and Zip (Required) Riegelwood NC 28456 10/28/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JERRY NATHAN WEBB
1222 KENNEDY STORE RD
RIEGELWOOD, NC 28456

DEM - BLADEN COUNTY

[redacted]

Bo[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' C*[redacted]

X [redacted] 10/28/18
Si Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Tamara Moore | Missouri Webb |
| Signature (Required) Tamara Moore | Signature (Required) Missouri Webb |
| Street Address (Required) 1222 Kennedy Store Road | Street Address (Required) 1222 KENNEDY STORE RD |
| City, State and Zip (Required) Riegelwood NC 28456 10/28/18 Date | City, State and Zip (Required) Riegelwood NC 28456 10/28/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

TAMARA LAQUETTA MOORE
1222 KENNEDY STORE RD
RIEGELWOOD, NC 28456

DEM - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10/28/18
Sig Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Jerry Webb | Missouri Webb |
| Signature (Required) Jerry Webb | Signature (Required) Missouri Webb |
| Street Address (Required) 1222 Kennedy Store Rd | Street Address (Required) 1222 Kennedy Store Road |
| City, State and Zip (Required) Riegelwood, NC 28456 10/28/18 Date | City, State and Zip (Required) Riegelwood NC 28456 10/28/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ALEATHIA STANLEY
707 BLACK ROCK RD
RIEGELWOOD, NC 28456

DEM - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] _____
Sig Date

_____
Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Carol Graham | Andrea Hudson |
| Signature (Required) | Signature (Required) |
| 84 Dickson Rd | 738 Dickson Rd |
| Street Address (Required) | Street Address (Required) |
| Riegelwood NC 28456 | Riegelwood NC 28456 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CAROL DELPHINE GRAHAM
84 DICKSON RD
RIEGELWOOD, NC 28456

DEM - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a r[redacted] *Ce*

X [redacted]
Signature of Voter (Required) Date

10-30-18

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

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| Witness #1 | Witness #2 |
|---|---|
| Arolerea Hudson | LaWanda Mclaughlin |
| Signature (Required) | Signature (Required) |
| 738 Dickson Rd | 738 Dickson Rd |
| Street Address (Required) | Street Address (Required) |
| Riegelwood NC 28456 | Riegelwood NC 28456 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-24-18 | 10-24-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ABERN GUS HALL
623 KENNEDY STORE RD
RIEGELWOOD, NC 28456

DEM - BLADEN COUNTY

[redacted]

Bo[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Ce*[redacted]

X [redacted] 10-20-18
Sig Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Leonard Hall | Blanche B. Hall |
| Signature (Required) | Signature (Required) |
| 345 Mayo Ln | 1273 Bowen-Bladen Dr. |
| Street Address (Required) | Street Address (Required) |
| Riegelwood, N.C. 28456 | Riegelwood, NC 28456 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-20-18 Date | 10-20-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED
OCT 31 2018
BLADEN CO. BD. OF ELECTIONS

TIME _____ REC'D BY _____

BARRY LIONEL MOORE
494 DICKSON RD
RIEGELWOOD, NC 28456

DEM - BLADEN COUNTY

[redacted]

Bo[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 10-30-18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Vicki Tyner | Delores W Wilson |
| Signature (Required) | Signature (Required) |
| 381 Agnes Russ Rd | P.O. Box 913 |
| Street Address (Required) | Street Address (Required) |
| Carvel NC 28434 | Riegelwood, N.C. 28456 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-30-18 Date | 10-30-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SHANNA RENEE GRAHAM
36 DICKSON RD
RIEGELWOOD, NC 28456

DEM - BLADEN COUNTY

[redacted]

Board approval Date

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10/23/18
Signature of Voter (Required) Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| [redacted] | Carol Graham |
| Signature (Required) | Signature (Required) |
| 36 Dickson Rd | 84 Dickson Rd. |
| Street Address (Required) | Street Address (Required) |
| Riegelwood, NC 28456 | Riegelwood NC 28456 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-23-18 | 10-23-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LINDA A CANNON
73 MOBILE DR
CLARKTON, NC 28433

REP - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

X _____
Signature of Voter (if applicable)

73 Mobile RD
Address where application and ballots should be mailed

CLARKTON N.C. 28433

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Ce*

[redacted]

X _____ 10-22-18
Sig Date

Na

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Brenda Rich<br>Signature (Required) |
| 73 Mobile Rd<br>Street Address (Required) | 4434 HWY 701 S<br>Street Address (Required) |
| Clarkton NC 28433<br>City, State and Zip (Required) | Clarkton NC 28433<br>City, State and Zip (Required) |
| 10-22-18<br>Date | 10-22-18<br>Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MICHAEL ANDREW SINGLETARY
19197 NC 410 HWY
BLADENBORO, NC 28320

DEM - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Ce*

X [redacted] 10-31-18
Sig Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Alexis Singletary | Barbarette J Singletary |
| Signature (Required) | Signature (Required) |
| 19151 Hwy 410 S | 19151 NC Hwy 410 |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC 28320 | Bladenboro NC 28320 |
| City, State and Zip (Required) 10-31-18 | City, State and Zip (Required) 10-31-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DAISY BELLE HAMILTON
915 M AND M ST
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Ce*[redacted]

X [redacted] 10-28-18
Sign Date

_____
Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Brianna D Hamilton | Lillie B. LeWhite |
| Signature (Required) | Signature (Required) |
| 915 M and M Street | 300 Dyson Street |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown, NC 28337 | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/28/18 | 10-28-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

GINA MARIE DIAZ
700 MERCER MILL RD # 4A
ELIZABETHTOWN, NC 28337

UNA - BLADEN COUNTY

[redacted]

Bo[redacted]

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted] ballots.)

[redacted]
Signature of Voter (if applicable)

700 Mercer Mill Rd Unit 4A
Address where application and ballots should be mailed

Elizabethtown, NC 28337

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted]

10/29/18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| X [signature] | X [signature] |
| Signature (Required) | Signature (Required) |
| 142 Caldwell St | 700 Mercer Mill Rd 4D |
| Street Address (Required) | Street Address (Required) |
| Spring Lake, NC 28390 | Elizabethtown, NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| Spring Lake, NC 10/29/18 Date | 10/29/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;

**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

HELEN LUCILLE BAXLEY
565 WILLIAM BURNEY RD
TAR HEEL, NC 28392

DEM - BLADEN COUNTY

[redacted]

Bo[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] Date 11/1/18

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Karen Cain | [redacted] |
| Signature (Required) | Signature (Required) |
| 545 William Burney Rd | 1505 Giles Bend Rd. |
| Street Address (Required) | Street Address (Required) |
| Tar Heel NC 28392 | Hallsboro NC 28442 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 11/1/18 Date | 11/1/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED
NOV 06 2018
BLADEN CO. BD. OF ELECTIONS

CHARLES THOMAS INGRAM
34 KILDEE DR
HARRELLS, NC 28444

TIME _____ RECD BY

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 11/5/18
Date

_____
Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Deborah S. Kuttle | Hilda Ingram |
| Signature (Required) | Signature (Required) |
| 932 BAY RIDGE RD | 34 Kildee Dr |
| Street Address (Required) | Street Address (Required) |
| HARRELLS, NC 28444 | HARRELLS NC 28444 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 11/5/2018 Date | 11/5/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

_____ _____
Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

**RECEIVED**

NOV 06 2018

SUSANNA CATHERINE DEVANE
2406 CHESTNUT LN
ELIZABETHTOWN, NC 28337

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

UNA - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' C*

[redacted] 11/1/18
Sig Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
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| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 2406 Chestnut Ln. | 2406 Chestnut Ln |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown, NC | Elizabethtown NC 28337 |
| City, State and Zip (Required) 28337 11-1-18 Date | City, State and Zip (Required) 11-1-2018 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

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Ms. Deloris Johnson
1075 Pleasant Grove Chrch Rd.
Bladenboro, NC 28320-7911

Ms. Deloris Johnson
1075 Pleasant Grove Chrch Rd.
Bladenboro, NC 28320-7911

DELORIS B JOHNSON
1075 PLEASANT GROVE CHURCH RD
BLADENBORO, NC 28320

DEM - BLADEN COUNTY

[redacted]

Bo

☐ **Second Primary Request or Runoff Request**
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Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10-18 18

Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

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| Witness #1 | Witness #2 |
|---|---|
| Rhonda Cain | Nora Smith |
| Signature (Required) | Signature (Required) |
| P.O. Box 704 | 1239 Brisson Fork Ch Rd |
| Street Address (Required) | Street Address (Required) |
| Chadbourn N.C. 28431 | Bladenboro NC |
| City, State and Zip (Required) 10-24-2018 Date | City, State and Zip (Required) 10-24-2018 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

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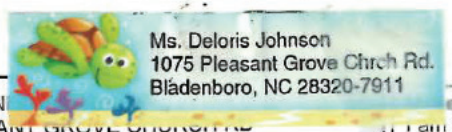


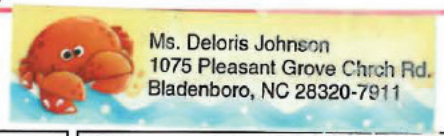


ALBERT ERN
1075 PLEASANT GROVE CHURCH RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa

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Signature of Voter (if applicable)

Address where application and ballots should be mailed

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10-29-18
Signature Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

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| Witness #1 | Witness #2 |
|---|---|
| Nora Smith | Rhonda Cain |
| Signature (Required) | Signature (Required) |
| 123 Pleasant Grove Ch. Rd. | P.O. Box 706 |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC | Chadbourn N.C. 28431 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-24-2018 | 10-24-2018 |
| Date | Date |

**Option 2: Notary Public as Witness**
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STATE OF _____

COUNTY OF _____ SEAL

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NCSBE v2018.02

# Absentee Application and Certificate

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ETHEL SHAW PACKER
2305 W BROAD ST
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 11/1/2018
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

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Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Shonda K. Lewis | Janet Ferguson |
| Signature (Required) | Signature (Required) |
| 119 Gaspe St. | 5509 Abbeville Circle |
| Street Address (Required) | Street Address (Required) |
| White Lake | Hope Mills, N.C. 28348 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| N.C. 28337 11/1/18 | Hope Mills N.C. 11/1/18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JIMMIE G JOHNSON
2830 JOHNSONTOWN RD
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 10-23-18

_____
Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Dorothy B Johnson | [illegible] |
| Signature (Required) | Signature (Required) |
| 3300 Jack Richardson Rd | 3300 Jack Richardson Rd |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown, N.C. 28337 | Elizabethtown, N.C. 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-23-18 | 10-23-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JOHNNY MORRIS
10898 S COLLEGE ST # 47A
CLARKTON, NC 28433

UNA - BLADEN COUNTY

[redacted]

Bo[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indic[illegible] on this a[illegible]ation • All information represented on this applicatio[illegible]rrect • I [illegible] to vote in this election • If I am an *Unaffiliate*[illegible] voting election, I am voting in the party pri[illegible]ted on label • If the party indicated is (UNA), [illegible] nonp

I further certify that I marked the encl[illegible] it w me according to my instructions) in th[illegible]

☒ two (2) witnesses who are at least [illegible] and [illegible] disqualified by law to witness the [illegible] sentence[illegible] witnesses must complete the **Option** [illegible] ses'

[redacted]

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I [illegible]d the Voter by marking the ballot only according to the Voter's [illegible]uction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 10898 S College St Apt 47A | 1491 Bladen Union Church Rd |
| Street Address (Required) | Street Address (Required) |
| Clarkton NC 28433 | Fayetteville NC 28306 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-29-18 Date | 10-29-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SANDY JOY MORRIS
10898 S COLLEGE ST # 47-A
CLARKTON, NC 28433

UNA - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public; notary must complete **Option 2** of the *Witnesses' Certification*

X [redacted]
Signature

Name Corrected (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance; assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| [redacted] | Dan Cook |
| Signature (Required) | Signature (Required) |
| [redacted] Bladen Urban Church | 69 Camfield Grove Lane |
| Street Address (Required) | Street Address (Required) |
| Fayetteville NC 28306 | Faithville NC 28326 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-29-18 Date | 10/29/2018 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;

**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SAMUEL LEE MCNAIR JR
6110 CHICKENFOOT RD
ST. PAULS, NC 28384

DEM - BLADEN COUNTY

[redacted]

Boar

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☑ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted] ballots.)

[redacted]
Signature of Voter (if applicable)

6110 Chickenfoot Rd
Address where application and ballots should be mailed

SPAUL NC

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☑ a n[redacted] **Option 2** of the *Witnesses' Ce*

X [redacted] 10-31-18
Sign Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| | |
| Signature (Required) | Signature (Required) |
| Street Address (Required) | Street Address (Required) |
| City, State and Zip (Required) | City, State and Zip (Required) |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the 1st day of November, 20 18, the Voter: Samuel Lee McNair Jr. personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 105-30]*

STATE OF North Caroline

COUNTY OF Robeson Patsy Schrader 04-02-2021
Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;

**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DOROTHY MAE ROSS
6110 CHICKENFOOT RD
ST. PAULS, NC 28384

DEM - BLADEN COUNTY

[redacted]

Bo[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☑ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted] which I am eligible to [redacted]ible ballots.)

[redacted]

6110 Chickenfoot Rd
Address where application and ballots should be mailed
St Pauls NC 28384

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'* C[redacted]

[redacted] 10-31-18
Signature of Voter (Required) Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| | |
| Signature (Required) | Signature (Required) |
| Street Address (Required) | Street Address (Required) |
| City, State and Zip (Required) | City, State and Zip (Required) |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the 1st day of November, 20 18, the Voter: DorothyMae Ross personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF North Carolina
COUNTY OF Robeson

[redacted] 04-02-2021
Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

COREY LAVON RICHARDSON
168 WHITE MCEWEN RD
CLARKTON, NC 28433

UNA - BLADEN COUNTY

[redacted]

DOB

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted] I am eligible to [redacted]allots.)

[redacted]
Signature of Voter (if applicable)

P.O. Box 1102 Clarkton NC 28433
Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] n 2 of the *Witnesses'*

[redacted] 11-5-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Risa Richardson | Corey L Richardson II |
| Signature (Required) | Signature (Required) |
| 168 White McEwen Rd | 168 White McEwen Rd |
| Street Address (Required) | Street Address (Required) |
| Clarkton, NC 28433 | Clarkton, NC 28433 |
| City, State and Zip (Required) 11-5-2018 Date | City, State and Zip (Required) 11/5/2018 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;

**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DEBORAH ANN MCMORROW
7226 CHICKENFOOT RD
ST. PAULS, NC 28384

UNA - BLADEN COUNTY

[redacted]

Boa[redacted]

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted] eligible to

[redacted]

7226 Chickenfoot RD - St. Pauls
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] Witnesses'

[redacted] 10-27-18

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Keith McMorrow | Cynthia McMorrow |
| Signature (Required) | Signature (Required) |
| 7226 Chickenfoot Rd. | 7226 ChickenfootRd |
| Street Address (Required) | Street Address (Required) |
| St Pauls NC 28384 | St. Pauls, NC 28384 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-31-18 Date | 10-31-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

KEITH ELWOOD MCMORROW
7226 CHICKENFOOT RD
ST. PAULS, NC 28384

UNA - BLADEN COUNTY

[redacted]

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

[redacted]
Signature of Voter (if applicable)

7226 Chicken foot Rd St. Pauls
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10-31-18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Cynthia McMorrow | Dana Jacobsen |
| Signature (Required) | Signature (Required) |
| 7226 Chickenfoot Rd | 7226 Chickenfoot Rd |
| Street Address (Required) | Street Address (Required) |
| St. Pauls, NC 28384 | St. Pauls, NC |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-31-2018 Date | 10-31-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**
**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MARY KATHERINE CLARK
216 WESTWOOD CIR
ELIZABETHTOWN, NC 28337

UNA - BLADEN COUNTY

[redacted]

Boa

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted] eligible ballots.)

[redacted]
Signature of Voter (if applicable)

109 Sun Flower Valley Apt. 2 Pikeville, KY 41501
Address where application and ballots should be mailed

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 10/30/18
Signature of Voter Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Andy Motte | Rebecca Thigpen |
| Signature (Required) | Signature (Required) |
| 6040 Shar-Lot Rd | 458 Maplewood circle |
| Street Address (Required) | Street Address (Required) |
| Calvert City, KY 42029 | Conway, SC 29526 |
| City, State and Zip (Required) 10/30/2018 Date | City, State and Zip (Required) 10/30/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RUBY ERLEN JOHNSON
227 ROUND BRANCH RD
BLADENBORO, NC 28320

DEM - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to vote.

[redacted]
Signature of Voter (if applicable)

227 Round Br. Rd Bladenboro NC
Address where application and ballots should be mailed
28320

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X
Signature of Voter (Required) Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Robert Odrie Wyatt | Darlene Jones |
| Signature (Required) | Signature (Required) |
| 502 Smith Park Rd. | 4447 Old Hwy 87 |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, N.C. | Bladenboro N.C. 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/26/18 | 10-26-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ELEANOR DELANE CALLAHAN
82 N SIXTH ST
CLARKTON, NC 28433

DEM - BLADEN COUNTY

[redacted]

Bo[redacted]

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☑ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted]allots.)

[redacted]
Signature of Voter (if applicable)

PO Box 152 Clarkton NC 28433
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted]

X [redacted] Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| [redacted] | Jerri Clark |
| Signature (Required) | Signature (Required) |
| 82 N Sixth St | 58 N Sixth St. |
| Street Address (Required) | Street Address (Required) |
| Clarkton NC | Clarkton, N.C. |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-30-18 | 10-30-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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RECEIVED
NOV 02 2018

JENNIE ANN LONG
9760 NC 242 HWY S
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)** TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 11/2/18 Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) [redacted] | Signature (Required) [redacted] |
| Street Address (Required) 9760 Hwy 242 South | Street Address (Required) 582 Blaney Rd |
| City, State and Zip (Required) Bladenboro, N.C. 28320 11-2-18 Date | City, State and Zip (Required) Bladenboro NC 28320 11/2/2018 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

WILLIAM ALLEN KINDRED
5718 NC 53 HWY W
WHITE OAK, NC 28399

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to

[redacted]
Signature of Voter (if applicable)

P.O. Box 201, White Oak, N.C.
Address where application and ballots should be mailed

28399

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 11/02/18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Teresa Lloyd | Anita Kindred |
| Signature (Required) | Signature (Required) |
| 427 Wright Lloyd Rd. | 5718 Hwy 53 W |
| Street Address (Required) | Street Address (Required) |
| White Oak, | White Oak NC |
| City, State and Zip (Required) | City, State and Zip (Required) |
| N.C. 28399 Date | 28399 11/02/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

GRADY COLE BRISSON
142 BRISSON RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa[redacted]

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 10-24-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) Angie Rose Brisson | Signature (Required) Debby Johnson |
| Street Address (Required) 142 Brisson Rd | Street Address (Required) 1075 Pleasant Grove Church Rd |
| City, State and Zip (Required) Bladenboro NC 28320 | City, State and Zip (Required) Bladenboro NC 28320 |
| Date 10-24-18 | Date 10-24-18 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

WILLIAM THOMAS MCDOWELL SR
210 DAVID ST
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Boa

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☑ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

[redacted]
Signature of Voter (if applicable)

P.O. Box 2383
Address where application and ballots should be mailed
ELIZABETHTOWN, NC 28337

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted]
Signature of Voter (Required) Date

10-30-18
Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Gwendolyn Willis — 1400 Gibson Dairy Rd Elizabethtown, NC 28337
Name of Assistant — Address of Assistant

30 Oct 18
Signature of Assistant — Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Thomas McDowell Jr | Edna S Laws |
| Thomas McDowell Jr | Edna Laws |
| Signature (Required) | Signature (Required) |
| 210 David St. | 810 E. 37th St. |
| Street Address (Required) | Street Address (Required) |
| Elizabeth Town NC. | Brooklyn, N.Y 11210 |
| City, State and Zip (Required) 28337 | City, State and Zip (Required) |
| 10-30-18 Date | 10-30-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public — Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

EVELYN HORNE MILES
550 MARTIN GOURD RD
CLARKTON, NC 28433

UNA - BLADEN COUNTY

[redacted]

Bo[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'* C[redacted]

[redacted] 11-2-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Sarah M Haley | Farah Joy A. Miles |
| Signature (Required) | Signature (Required) |
| 104 Fyfe Ct | 1771 Zion church Road |
| Street Address (Required) | Street Address (Required) |
| Cary, NC 27511 | Sanford, NC 27330 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 11-2-2018 | 11-2-2018 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ROBERT KEITH MILES
550 MARTIN GOURD RD
CLARKTON, NC 28433

UNA - BLADEN COUNTY

[redacted]

Bo[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 11-2-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Sandi M Harley | Farah Joy a. Miller |
| Signature (Required) | Signature (Required) |
| 104 Fyfe Ct. | 1171 Zion Church Road |
| Street Address (Required) | Street Address (Required) |
| Cary, NC 27511 | Sanford NC 27330 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 11-2-2018 | 11-2-2018 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

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GARY CLARENCE REED
16897 NC 53 HWY W
FAYETTEVILLE, NC 28312

DEM - BLADEN COUNTY

[redacted]

Bo[redacted]

☐ **Second Primary Request or Runoff Request**
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Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10-23-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

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| Witness #1 | Witness #2 |
|---|---|
| Martha Jacobs | Penny Pridgen |
| Signature (Required) | Signature (Required) |
| 6400 Faircloth Budgeld | 4145 Hane Branch Rd |
| Street Address (Required) | Street Address (Required) |
| Stedman, N.C. 28391 | Rosebro NC 28382 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/23/18 Date | 10/23/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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NORA BUTLER SMITH
1239 PLEASANT GROVE CHURCH RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

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☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'* C[redacted]

X [redacted] 10-24-2018
Si Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Delovis Johnson | Annie Rae Musson |
| Signature (Required) | Signature (Required) |
| 10-75 Pleasant Grove Ch Rd | 142 Musson Rd |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC | Bladenboro NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-24-18 Date | 10-24-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED
OCT 27 2018
TIME: BCOD BY:
BLADEN CO. BD. OF ELECTIONS

JUNE BRISSON DOVE
37 BRISSON RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 10/24/18
Date

Name correction (if applicable)

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Anyce Rose Brisson | Kenneth Lamar McLaughlin |
| Signature (Required) | Signature (Required) |
| 142 Brisson Rd | 37 Brisson Rd |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC 28320 | Bladenboro N.C. 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-24-18 | 10-24-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED
OCT 27 2018
TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

KENNETH LEE MCLAUGHLIN
37 BRISSON RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa

**Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

**Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10-24-18
Sign ate

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required): Annie Rose Brisson | Signature (Required): Irene Brisson Dove |
| Street Address (Required): 142 Brisson Rd | Street Address (Required): 37 Brisson RD |
| City, State and Zip (Required): Bladenboro NC 28320 | City, State and Zip (Required): Bladenboro, NC 28320 |
| Date: 10-24-18 | Date: 10/24/18 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ANNIE ROSE LITTLE BRISSON
142 BRISSON RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted]ses'

Date 10-24-18

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 142 Brisson Rd | 175 Pleasant |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, N.C. 28320 | Bladenboro NC |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-24-2018 Date | 10-24-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

EDGAR WILLIAM BRISSON
142 BRISSON RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa[redacted]

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

10-24-18

[redacted]

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Annie R Brisson | Dale Johnson |
| Signature (Required) | Signature (Required) |
| 142 Brisson Rd | 1075 Riverside Road |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC 28320 | Clarkton |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-24-18 Date | 10-24-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CAROL JEAN SHIPMAN JACKSON
153 MT. OLIVE RD
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10/29/18
Signature Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Lola Webster | Faye Drummond |
| Signature (Required) | Signature (Required) |
| 108 Lewis DR | 237 Mt. Olive Rd |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Elizabethtown, NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/29/18 Date | 10/29/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MATTIE CROMARTIE
497 MT. OLIVE RD
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

**Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

**Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the [redacted] *Witnesses' Certification*

X [redacted]
Signature

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| [redacted] | [redacted] |
| Signature (Required) | Signature (Required) |
| 1813 Vine St | 108 Lewis DR |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | E-Town NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-29-18 Date | 10/29/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter. _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**
**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CORIENNE H POE
265 GENE'S DR
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

☐ **quest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] *Witnesses'*

Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Sandra Lewis | Lola Webster |
| Signature (Required) | Signature (Required) |
| 1813 Vine St | 108 Lewis DR |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-29-18 | 10/29/18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JANICE M CROMARTIE
491 MT. OLIVE RD
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

☐ **quest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] 2 of the *Witnesses'*

Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Lola Wooten — Name of Assistant
108 Lewis DR Elizabethtown — Address of Assistant
x Lola Wooten — Signature of Assistant
10/31/18 — Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Sandra Harris | Lola Wooten |
| Signature (Required) | Signature (Required) |
| 1813 Vine St | 108 Lewis DR |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-31-2018 | 10/31/18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public — Commission Expiration Date

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JAMES PURDIE
270 MT. OLIVE RD
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

☐ **quest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Lola Wooten 108 Lewis DR Elizabethtown
Name of Assistant Address of Assistant

X Lola Wooten 10/29/18
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Lola Wooten | Sandra Hunt |
| Signature (Required) | Signature (Required) |
| 108 Lewis DR | 1813 Vine St. |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/29/18 Date | 10-29-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ARLETHA MCLAUGHLIN PURDIE
270 MT. OLIVE RD
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

☐ **equest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Ce*[redacted]

X [redacted] 10/24/18
Sig Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Lola Wooten | 68 Lewis DR E-Town NC 28337
Name of Assistant | Address of Assistant

Lola Wooten | 10/29/18
Signature of Assistant | Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Sandra Hunt | Lola Wooten |
| Signature (Required) | Signature (Required) |
| 1813 Vine St | 68 Lewis DR |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-27-18 | 10/29/18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public | Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ANNETTE WILLIS WRIGHT
113 MT. OLIVE RD
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

☐ **equest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

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OR

☐ [redacted] of the *Witnesses'*

Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Lola Wooten | Sandra Hunter |
| Signature (Required) | Signature (Required) |
| 108 Lewis DR | 1813 Vine St |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Elizabethtown NC 28337 |
| City, State and Zip (Required) 11/1/18 Date | City, State and Zip (Required) 11-1-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

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ARTIS LEE WRIGHT
113 MT. OLIVE RD
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

☐ **Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 11/1/18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Lola Wooten 108 Lewis DR Elizabethtown 28337
Name of Assistant Address of Assistant

x Lola Wooten 11/1/18
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Lola Wooten | Sarah Green |
| Signature (Required) | Signature (Required) |
| 108 Lewis DR | 1813 Kew St. |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 11/1/18 Date | 11-1-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MARILYN COUNCIL ROBINSON
2098 TAR HEEL FERRY RD
WHITE OAK, NC 28399

DEM - BLADEN COUNTY

[redacted]

☐ **quest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

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☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] **tion 2** of the *Witnesses'*

[redacted] 10/1/18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Sandra Guions 1813 Vein St Elizabethtown NC 28337
Name of Assistant Address of Assistant

X Sandra Guions 11-1-18
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Lola Weeks | Sandra Guions |
| Signature (Required) | Signature (Required) |
| 108 Lewis Dr | 1813 Vein St. |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 11/1/18 | 11-1-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DIANE HAYES MERRITT
99 TRIPLE LANE DR
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

☐ **quest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10/23/18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 99 Triple Lane Drive | 59 Lark Ave |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | Lumberton NC 28358 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-23-2018 Date | 10/23/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**
**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

NATHAN BOWEN JR
554 GRAHAM RD
RIEGELWOOD, NC 28456

DEM - BLADEN COUNTY

[redacted]

☐ **equest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10-24-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Darlene Bowen 554 Graham Rd.
Name of Assistant Address of Assistant

X Darlene Bowen 10-24-18
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I do not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Brenda Bowington | Wanda Daniel |
| Signature (Required) | Signature (Required) |
| 628 East Arcadia Rd Riegelwood | 770 East Arcadia Rd |
| Street Address (Required) | Street Address (Required) |
| Riegelwood NC 28456 | Riegelwood, NC 28456 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-24-18 | 10-24-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I do not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

*NOTE: A notary may not charge any fee for witnessing and affixing [illegible] to this application and ballot envelope. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____

Notary Public Commission Expiration Date

SEAL

RECEIVED
OCT 25 2018
TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BENNIE LEE MCGILL SR
1434 BALDWIN BRANCH CHURCH RD
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

☐ **Annual Request** In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability** Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

[redacted]

1434 Baldwin Branch Ch. Rd. Elizabethtown N.C. 28337
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X _____
Signature of Voter (Required) Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Gloria McGill 1434 Baldwin Branch Rd. Elizabethtown N.C. 28337
Name of Assistant Address of Assistant

X Gloria McGill 10-31-18
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Jacqueline Smith | |
| Signature (Required) | Signature (Required) Shirley Carter |
| Street Address (Required) 620 Mcleod st #13C | Street Address (Required) 620 Mcleod st 12D |
| City, State and Zip (Required) Elizabethtown Date 11-2 | City, State and Zip (Required) Elizabethtown Date 11-2-18 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**
**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED
NOV 02 2018
BLADEN CO. BD. OF ELECTIONS

TIME _____ REC'D BY _____

ROBERT LEE SMITH
127 JOHNSON RD
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

☐ **Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

[redacted]

127 Johnson Rd. E-Town NC 28337
Address where application and ballots should be mailed

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X _____
Signature of Voter (Required) Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Mary Sinkler 127 Johnson Rd. E'town NC 28337
Name of Assistant Address of Assistant

X Mary Sinkler 11-1-18
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) Elizabeth L. Bullock | Signature (Required) Latavia Bullock |
| Street Address (Required) 3295 Peanut Plant Rd | Street Address (Required) B295 Peanut Plant Rd |
| City, State and Zip (Required) Elizabethtown NC 28337 | City, State and Zip (Required) Elizabethtown NC 28337 |
| Date 11/1/18 | Date 11/1/18 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-36]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;

**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED
OCT 26 2018
TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

EDWARD NARVELL HUMPHREY
11 NC 20 HWY
TAR HEEL, NC 28392

DEM - BLADEN COUNTY

[redacted]

☐ **equest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted]

10-26-18

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X
_____
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Barbara Cogdell<br>Signature (Required) | Barbara M Cogdell<br>Signature (Required) |
| Street Address (Required)<br>3990 MLK Drive | Street Address (Required)<br>3990 MLK Drive |
| City, State and Zip (Required)<br>Elizabethtown NC 28337 | City, State and Zip (Required)<br>Elizabethtown, N C 28337 |
| Date<br>10-26-18 | Date<br>10-26-18 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____

SEAL

_____ _____
Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED
OCT 27 2018
TIME _____ RECD BY
BLADEN CO. BD. OF ELECTIONS

MINNIE GERTRUDE HUMPHREY
11 NC 20 HWY
TAR HEEL, NC 28392

DEM - BLADEN COUNTY

[redacted]

☐ **Second Primary Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted]

Signature of Voter (Required) Date 10-26-18

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Barbara Cogdell | Lenny M Cogdell |
| Signature (Required) | Signature (Required) |
| 2990 MLK Drive | 2990 MLK Drive |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown, N.C. | Elizabethtown NC |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 28337 10-26-2018 | 28337 10-26-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**
**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED
OCT 25 2018
BLADEN CO. BD. OF ELECTIONS

HELENE RAMELIA VARIS
17145 NC 131 HWY
BLADENBORO, NC 28320

TIME _____ REC'D BY

UNA - BLADEN COUNTY

[redacted]

☐ **Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted]

_____
Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| [redacted] | Betty S. Lutz |
| Signature (Required) | Signature (Required) |
| 17145 NC 131 Hwy | 17145 NC 131 Hwy |
| Street Address (Required) | Street Address (Required) |
| Bladenbor, NC 28320 | Bladenboro, NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/25/2018 Date | 10/25/2018 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;

**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LAURA TERESA SINGLETARY
19197 NC 410 HWY
BLADENBORO, NC 28320

DEM - BLADEN COUNTY

[redacted]

☐ **equest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a nota[redacted]lete **Option 2** of the *Witnesses' Certif*

X [redacted] 10/31/18
Signatu Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Alexis Singletary | Barbarette T Singletary |
| Signature (Required) | Signature (Required) |
| 19151 Hwy 410 S | 19151 NC Hwy 410 |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC 28320 | Bladenboro NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-31-18 | 10-31-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MADISON DIANE SINGLETARY
11648 NC 242 HWY S
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

☐ **quest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 10/23/18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Cailey DeAnne Eller | Lindsey H. Bennett |
| Signature (Required) Cailey Eller | Signature (Required) Lindsey Bennett |
| Street Address (Required) 584 sugar tree Rd. | Street Address (Required) 4305 Clearbrook Ln N |
| City, State and Zip (Required) Warrensville, NC 28693 10/23/18 Date | City, State and Zip (Required) Wilson NC, 27896 10/23/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED
NOV 06 2018
BLADEN CO. BD. OF ELECTIONS

DOROTHY BURTON PETERSON
309 W GILL ST
ELIZABETHTOWN, NC 28337

TIME _____ RECD BY

DEM - BLADEN COUNTY

[redacted]

☐ **quest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

[redacted]
Signature of Voter (if applicable)

309 W. Gill St
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • The information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X _____
Signature of Voter (Required) Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Patricia Jessup 309 W. Gill St
Name of Assistant Address of Assistant

X P. A. Jessup 11/5/18
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Daryl Rhodie | RonaSol Jessup |
| Signature (Required) | Signature (Required) |
| 1103 William St | 2203 Alta St |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown, N.C | Elizabethtown NC |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 11/6/18 Date | 11-06-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

PAMELA MARIE RICE
278 WILLARD TATUM RD
ELIZABETHTOWN, NC 28337

UNA - BLADEN COUNTY

[redacted]

☐ **equest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

☐ [redacted] **tion 2** of the *Witnesses'*

11-1-18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Sylvia L. Gooden | [illegible] Rice |
| Signature (Required) | Signature (Required) |
| 278 Willard Tatum Rd. | 278 Willard Tatum Rd |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 11-1-18 | 11-1-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CAROLYN GIBSON LANE
590 CHICKENFOOT RD
TAR HEEL, NC 28392

DEM - BLADEN COUNTY

[redacted]

☐ In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☑ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to

[redacted]
Signature of Voter (if applicable)

590 Chicken Foot Road
Address where application and ballots should be mailed
Tar Heel, NC. 28392

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10/25/18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Hobson Lane Jr. | William H Whitted |
| Signature (Required) | Signature (Required) |
| 590 Chicken Foot Rd. | 5464 Chicken Ft Rd. |
| Street Address (Required) | Street Address (Required) |
| TAR HEEL N.C. 28392 | St Pauls N.C. 28384 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-25-18 | Oct 25 2018 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

KENDRA ELISA JOHNSON
136 FRANK MELVIN RD
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

☐ **quest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10/24/18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Kimberly Hodson | Montae Bell |
| Signature (Required) | Signature (Required) |
| 136 Frank Melvin Rd | 136 Frank Melvin Rd |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Elizabethtown 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/24/18 | 10/24/18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LINDRA ANN WILLIAMS
307 JOHNSON AVE
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

**[redacted]quest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted]llots.)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted]

10/30/18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Sheila Bonnell | Paula Johnson |
| Signature (Required) | Signature (Required) |
| 53 Sandpit Rd. | 293 Sandhill Loop RD |
| Street Address (Required) | Street Address (Required) |
| E'town, NC 28337 | E'town, NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/31/18 Date | 10/31/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

WILLIE GLEAN ROSS
6110 CHICKENFOOT RD
ST. PAULS, NC 28384

DEM - BLADEN COUNTY

CIV-1150 [redacted]

[redacted]

**equest**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☑ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to

[redacted]

Signature of Voter (if applicable)

6110 Chickenfoot Rd.
Address where application and ballots should be mailed

St Pauls NC. 28384

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted]

Signature of Voter (Required) Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

NCSBE v2018.02

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| | |
| Signature (Required) | Signature (Required) |
| Street Address (Required) | Street Address (Required) |
| City, State and Zip (Required) | City, State and Zip (Required) |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that on the 1st day of November, 20 18, the Voter: Willie Ross personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-30)*

STATE OF North Carolina
COUNTY OF Robeson Katy Schneider 04-02-2021
Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

KIMBERLY EARLENE GADSON
136 FRANK MELVIN RD
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10/24/18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) Freeman C Bell | Signature (Required) Kendra Johnson |
| Street Address (Required) 287 Thomas Lane | Street Address (Required) 136 Frank Melvin Rd. |
| City, State and Zip (Required) Elizabethtown NC 28337 Date 10/24/18 | City, State and Zip (Required) Elizabethtown NC 28337 Date 10/24/18 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

FRANCES MITCHELL WELLS
422 GRAY'S LN
WHITE LAKE, NC 28337

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 11/2/18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| Street Address (Required) 422 Grays Lane | Street Address (Required) 89 River Bend Lane |
| City, State and Zip (Required) Elizabethtown NC 28337 | City, State and Zip (Required) Ivanhoe NC 28447 |
| Date 11/2/18 | Date 11/02/18 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ALEXIS CHANAY BELL
136 FRANK MELVIN RD
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Boar

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10/24/18
Signature Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Kimberly Hodson | [illegible] |
| Signature (Required) | Signature (Required) |
| 1816 Frank Melvin Rd | 136 Frank Melvin Rd |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/24/18 | 10/24/18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CLARA LUCILLE SMITH
2938 OLD FAYETTEVILLE RD
GARLAND, NC 28441

UNA - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

**OR**

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'* [redacted]

[redacted] 10-28-18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| [signature] | [signature] |
| Signature (Required) | Signature (Required) |
| 2939 Old Fay Rd | 2849 Old Fay. |
| Street Address (Required) | Street Address (Required) |
| Garland NC 28441 | Garland NC |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-28-18 Date | 10-29-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;

**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CHARLES WADE SMITH
2939 OLD FAYETTEVILLE RD
GARLAND, NC 28441

REP - BLADEN COUNTY

[redacted]

Boa[redacted]

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted]e eligible ballots.)

[redacted]
Signature of Voter (if applicable)

2939 Old Fayetteville Rd, Garland, NC 28441
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

**OR**

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 10-27-18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Charlotte S [redacted] | Laurinburg Fresh [redacted] |
| Signature (Required) | Signature (Required) |
| 2939 old Fayetteville Road | 11850 Mistletoe Dr |
| Street Address (Required) | Street Address (Required) |
| Garland, NC 28441 | Laurinburg, NC 28352 |
| City, State and Zip (Required) 10/27/18 Date | City, State and Zip (Required) 10/27/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

AMBER NICOLE BYRD
126 JOHNSON FARM RD
IVANHOE, NC 28447

UNA - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

**OR**

☐ a no[redacted]lete **Option 2** of the *Witnesses' Certi*

X [redacted] 11-1-18
Signa Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 18356 NC Hwy 210 E | 582 Bucklill Bluff Ln |
| Street Address (Required) | Street Address (Required) |
| Ivanhoe N.C 28447 | Ivanhoe NC 28447 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 11-1-18 Date | 11-1-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**
**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

KATHERINE MELROSE LOMAX
1612 GREENWOOD ST
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

**OR**

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 11-1-18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| Street Address (Required) | Street Address (Required) |
| City, State and Zip (Required) | City, State and Zip (Required) |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-36]*

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DOUGLAS KENT SMITH
35 MYRTLE AVE
WHITE LAKE, NC 28337

REP - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 10/27/18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 8260 Boykin Bridge Rd | 7845 Maxwell Rd |
| Street Address (Required) | Street Address (Required) |
| Clinton NC 28328 | Stedman NC 28391 |
| City, State and Zip (Required) 10/27/18 Date | City, State and Zip (Required) 10/27/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LISA BASS SMITH
35 MYRTLE AVE
WHITE LAKE, NC 28337

REP - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

**OR**

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10/28/18
Signature (Required) Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 35 Myrtle Ave | 18 myrtle ave |
| Street Address (Required) | Street Address (Required) |
| White Lake NC 28337 | White Lake NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/28/18 Date | 10-28-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ADRIAN GRAY SMITH
28 MYRTLE AVE
WHITE LAKE, NC 28337

REP - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10-23-18
Signature of Voter (Required) Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Hannah Smith | Kmi Smith |
| Signature (Required) | Signature (Required) |
| 7845 Maxwell Rd | 7845 Maxwell Rd |
| Street Address (Required) | Street Address (Required) |
| Stedman, NC 28391 | Stedman, NC 28391 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/27/18 | 10/27/18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CONNIE ELIZABETH BROWN
901 DICKSON RD # 18
RIEGELWOOD, NC 28456

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted] e to

[redacted]
Signature of Voter (if applicable)

901 Dickson Rd Apt 18 Riegelwood NC 28456
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notar[redacted] 2 of the *Witnesses' Certific*

X [redacted] 11-1-18
Signature of Voter (Required) Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| | Joshua Brown |
| Signature (Required) Michelle Godwin | Signature (Required) |
| Street Address (Required) 42 Salter Rd | Street Address (Required) 82 Breezy Acres Dr |
| City, State and Zip (Required) Riegelwood, NC 28456 | City, State and Zip (Required) Riegelwood, NC 28456 |
| 11-1-18 Date | 11/1/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED
OCT 26 2018

TIME _____ RECD BY
BLADEN CO. BD. OF ELECTIONS

HAL WAYNE MOODY SR
8580 NC 242 HWY N
ELIZABETHTOWN, NC 28337

REP - BLADEN COUNTY

[redacted]

Bo[redacted]

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

8580 NC Hwy 242 N
Address where application and ballots should be mailed
Elizabethtown, NC 28337

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10/25/18
Signatu Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| HAL WMoody Sr | Christine H. Moody |
| Signature (Required) | Signature (Required) |
| 8580 NC Hwy 242 N | 8580 NC Hwy 242 N |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 10/25/18 | Elizabethtown, NC 10/25/18 |
| City, State and Zip (Required) Date | City, State and Zip (Required) Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;

**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

HAL WAYNE MOODY JR
8580 NC 242 HWY N
ELIZABETHTOWN, NC 28337

UNA - BLADEN COUNTY

[redacted]

Boa

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted] ots.)

Signature of Voter (if applicable)

8580 NC Hwy 242 N
Address where application and ballots should be mailed

Elizabethtown, NC 28337

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a nota[redacted] **Option 2** of the *Witnesses' Certifi*

X [redacted] 10/25/18
Signatu Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Christine H. Moody | Hal W Moody |
| Signature (Required) | Signature (Required) |
| Christine H. Moody | Hal W Moody |
| Street Address (Required) | Street Address (Required) |
| 8580 NC Hwy 242 N | 8580 NC Hwy 242 N |
| City, State and Zip (Required) | City, State and Zip (Required) |
| Elizabethtown, NC 28337 10/25/18 | Elizabethtown, NC 28337 10/25/18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED
OCT 26 2018
TIME ____ REC'D BY ____
BLADEN CO. BD. OF ELECTIONS

CHRISTINE HAYES MOODY
8580 NC 242 HWY N
ELIZABETHTOWN, NC 28337

REP - BLADEN COUNTY

[redacted]

Boar[redacted]

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

8580 NC Hwy 242 N
Address where application and ballots should be mailed
Elizabethtown, NC 28337

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10/25/18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Hal W Moody Jr | Hal W Moody Sr |
| Signature (Required) | Signature (Required) |
| 8580 NC Hwy 242 N | 8580 NC Hwy 242 N |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown, NC 10/25/18 | Elizabethtown, NC 10/25/18 |
| City, State and Zip (Required) Date | City, State and Zip (Required) Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JETTIE REE GRAHAM
272 PICKET DR
RIEGELWOOD, NC 28456

DEM - BLADEN COUNTY

[redacted]

Bo[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'* C[redacted]

[redacted] 10-30-18
Signature of Voter (Required) Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 1161 CAT Heading Rd | 272 Picket Dr |
| Street Address (Required) | Street Address (Required) |
| Riegelwood NC 28456 | Riegelwood NC 28456 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-30-18 | 10-30-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

FLORETTA MUNN GRAHAM
1289 EAST ARCADIA RD
RIEGELWOOD, NC 28456

DEM - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 10-31-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 1289 EAST ARCADIA RD | 180 Gracci DR |
| Street Address (Required) | Street Address (Required) |
| Riegelwood NC 28456 | Whiteville NC 28472 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-31-18 Date | 10-31-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LENA BASS MUNN
1289 EAST ARCADIA RD
RIEGELWOOD, NC 28456

DEM - BLADEN COUNTY

[redacted]

Bo

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' C*

[redacted]

X _____ 10-31-18
Si Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Floretta Mann Graham 1289 East Arcadia Rd Riegelwood NC 28456
Name of Assistant Address of Assistant

X Floretta Mann Graham 10-31-18
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 1162 East Arcadia Rd | 180 Taracci Dr. |
| Street Address (Required) | Street Address (Required) |
| Riegelwood NC 28456 | Whiteville NC 28472 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-31-18 Date | 10/31/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section]

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LARRELL MANDATE MURCHISON
87 ROSINDALE RD
CLARKTON, NC 28433

DEM - BLADEN COUNTY

[redacted]

Board Approval Date

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted]

Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Glenda Murchison — Name of Assistant — Address of Assistant

X Glenda Murchison — Signature of Assistant — Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| | |
| Signature (Required) | Signature (Required) |
| Street Address (Required) | Street Address (Required) |
| City, State and Zip (Required) | City, State and Zip (Required) |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the 5 day of November, 2018, the Voter: Larrell M. Murchison personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-20(c)]*

STATE OF NC
COUNTY OF Bladen

Notary Public — Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

THOMAS J GRAHAM SR
1054 KENNEDY STORE RD
RIEGELWOOD, NC 28456

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' C*[redacted]

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Sue A Peare Graham | Carol Graham |
| Signature (Required) | Signature (Required) |
| 371 Wiggins RD | 84 Dickson Rd. |
| Street Address (Required) | Street Address (Required) |
| Riegelwood NC | Riegelwood NC 28456 |
| City, State and Zip (Required) 28456 | City, State and Zip (Required) |
| 10-29-18 Date | 10-29-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DELORIS GRAHAM BENNERMAN
608 EAST ARCADIA RD
RIEGELWOOD, NC 28456

DEM - BLADEN COUNTY

[redacted]

Bo[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option** 1 of the *Witnesses' Certification*)

OR

☐ a [redacted]

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Carol Graham | [signature] |
| Signature (Required) | Signature (Required) |
| 84 Nickson Rd | 36 Dickson Rd. |
| Street Address (Required) | Street Address (Required) |
| Riegelwood NC 28456 | Riegelwood, NC 28456 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-25-18 | 10/25/18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**
**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

TANIA DANYEL SIMPSON
294 KENNEDY STORE RD
RIEGELWOOD, NC 28456

DEM - BLADEN COUNTY

[redacted]

Bos[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'* C[redacted]

[redacted] 10-29-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Kirby Ingram | Carol Graham |
| Signature (Required) | Signature (Required) |
| 294 Kennedy store rd | 84 Dickson |
| Street Address (Required) | Street Address (Required) |
| Riegelwood, NC 28456 | Riegelwood NC 28456 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-29-18 Date | 10-29-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RODERICK LAMAR GRAHAM
36 DICKSON RD
RIEGELWOOD, NC 28456

UNA - BLADEN COUNTY

[redacted]

Boar

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10-25-18
Sign Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Carol Graham | Shawna Th |
| Signature (Required) | Signature (Required) |
| 64 Dickson Rd | 36 Dickson Rd |
| Street Address (Required) | Street Address (Required) |
| Riegelwood NC 28456 | Riegelwood NC 28456 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-25-18 | 10-25-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

FRANKLIN CRAIG BENTON
2710 E BROAD ST
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Bo[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 11-2-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Samantha Beatt Doring | Amber Ward Benton |
| Signature (Required) | Signature (Required) |
| 312 Pine Ridge Circle | 2710 E. Broad St |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC 28320 | Elizabethtown NC 28337 |
| City, State and Zip (Required) 11-2-18 Date | City, State and Zip (Required) 11-2-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

HENRY TRUMAN MOTE
2587 MOTE RD
HARRELLS, NC 28444

UNA - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10/31/18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Freda Bell | Lizzie Gilliland |
| Signature (Required) | Signature (Required) |
| 322 Cromartie Rd | 8150 Hwy 41 |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Elizabethtown |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/31/18 Date | 10/31/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**
**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

AMBER WARD BENTON
2710 E BROAD ST
ELIZABETHTOWN, NC 28337

REP - BLADEN COUNTY

[redacted]

Bo[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' C*[redacted]

X [redacted] 11-2-18
Sig Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Samantha Dawn Pierce | Franklin Craig Beaty |
| Signature (Required) | Signature (Required) |
| 312 Pine Ridge Circle | 2710 E. Broad St |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC 28320 | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 11-2-18 | |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SAMANTHA BENTON DAVIS
312 PINE RIDGE CIR
BLADENBORO, NC 28320

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted]n 2 of the *Witnesses'*

10-30-18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Benjamin Craig Benton | Tim Benton |
| Signature (Required) | Signature (Required) |
| 312 Pine Ridge Circle | 246 LEE ST |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC 28320 | BLADENBORO, N.C. 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-30-18 | 10-30-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CARLEY ELOWYN DAVIS
312 PINE RIDGE CIR
BLADENBORO, NC 28320

DEM - BLADEN COUNTY

[redacted]

Bo[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'* C[redacted]

[redacted] 10-30-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Samantha B Davis | Benjamin Craig Benton |
| Signature (Required) | Signature (Required) |
| 312 Pine Ridge Circle | 312 Pine Ridge Circle |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC 28320 | Bladenboro NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-30-18 | 10-30-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

NORRIS A ATKINSON
753 CLYDE HATCHER RD
COUNCIL, NC 28434

DEM - BLADEN COUNTY

[redacted]

Bo

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] of the *Witnesses' C*

S[redacted] 10-28-18 Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| [redacted] | Agnes G Willis |
| Signature (Required) | Signature (Required) |
| 623 Charles Dr | 761 White Plains Ch. Rd |
| Street Address (Required) | Street Address (Required) |
| Council, NC 28434 | Clarkton, NC 28433 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/28/18 Date | 10-28-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

WILLIE JEAN DAVIS
9827 NC 87 HWY W
TAR HEEL, NC 28392

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 11-2-
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Janice C. Davis | [illegible] |
| Signature (Required) | Signature (Required) |
| P.O. Box 96 | 123 Charles Dr |
| Street Address (Required) | Street Address (Required) |
| Dublin, N.C. 28332 | Council, NC 28434 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 11-2-2018 Date | 11/2/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fr... Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

KAREN MCELVEEN WAX
134 HENRY MOTE DR
HARRELLS, NC 28444

DEM - BLADEN COUNTY

[redacted]

Boa...

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10-31-18
Date

_____
Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| [illegible] | Frances Melvin |
| Signature (Required) | Signature (Required) |
| 123 Charles Dr | 131 Rosindale Rd. |
| Street Address (Required) | Street Address (Required) |
| Council, NC 28434 | Clarkton N.C 28433 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/31/18 Date | 10/31/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

NORRIS ANTONIO ATKINSON JR
753 CLYDE HATCHER RD
COUNCIL, NC 28434

DEM - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 10-28-18
Signature Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| [signature] | Amos C. Willis |
| Signature (Required) | Signature (Required) |
| 123 Charles DR | 2161 White Plains Ch. Rd |
| Street Address (Required) | Street Address (Required) |
| Council, NC 28434 | Clarkton, NC 28433 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/28/18 Date | 10-28-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JENNIFER MARLENA CROMARTIE
101 P CROMARTIE LN
COUNCIL, NC 28434

DEM - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'* C

[redacted] 10-28-18
Si Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 770 Cl/bc Hooker Rd | 129 Douglas Dr |
| Street Address (Required) | Street Address (Required) |
| Council NC 28434 | Council NC 28434 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-28-18 Date | 10/28/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

OLIVER DWIGHT BROWN JR
101 P CROMARTIE LN
COUNCIL, NC 28434

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted]
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 770 Clyde Hatcher Rd | 123 Charles Dr |
| Street Address (Required) | Street Address (Required) |
| Council NC 28434 | Council, NC 28434 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-26-18 Date | 10/28/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ODESSA S GRAHAM
2593 BALTIMORE RD
COUNCIL, NC 28434

DEM - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 11-4-18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Wm S. Neal | Willie R. Jones |
| Signature (Required) | Signature (Required) |
| 722 Redcross St | 335 Baltimore R. |
| Street Address (Required) | Street Address (Required) |
| Wilmington NC | Council, N.C. |
| City, State and Zip (Required) NC 28401 Nov. 4, 18 Date | City, State and Zip (Required) 28434 Nov. 4, 18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

EUGENE R FLOYD SR
473 LONGVIEW RD
KELLY, NC 28448

DEM - BLADEN COUNTY

[redacted]

Boar

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10/26/2018
Signature Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 8051 Stephens Church Rd | 1302 Canal Dr |
| Street Address (Required) | Street Address (Required) |
| Wilmington, NC 28411 | Carolina Beach, NC 28428 |
| City, State and Zip (Required) 10/26/18 Date | City, State and Zip (Required) 10/26/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

TYLER BLAKE BENNETT
386 HILLSIDE CIR
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted] eive eligible ballots.)

[redacted]

536 Cozy crest Drive Raleigh NC 27603
Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted]

Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 712 Tucker Street | 5525 Maggie Run Lane |
| Street Address (Required) | Street Address (Required) |
| Raleigh, NC 27603 | Fuquay-Varina, NC 27526 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 11/2/18 Date | 11/2/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

STACY LANE WRIGHT
200 GRACE ST
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Bo[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

☐ a[redacted] the *Witnesses'*

S[redacted] 10-27-18 Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| X Billy Nam X | Rebecca MCollu |
| Signature (Required) | Signature (Required) |
| 112 Grace Street 28320 | 210 Bethel st. |
| Street Address (Required) | Street Address (Required) |
| Bladenborg NC | Bladenboro |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-27-18 Date | NC 28320 10/27/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**
**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LAVERA DANANG COUNCIL
6329 CHICKENFOOT RD
ST. PAULS, NC 28384

DEM - BLADEN COUNTY

[redacted]

Boar

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10-24-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| [redacted] | [redacted] |
| Signature (Required) | Signature (Required) |
| 6329 Chickenfoot Rd. | 6329 Chickenfoot Rd |
| Street Address (Required) | Street Address (Required) |
| St. Pauls NC 28384 | St. Pauls |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-29 Date 8 | N.C. 28384 10-29-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;

**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CAROLYN JACKSON ELLIS
158 STEPPING STONE LN
BLADENBORO, NC 28320

DEM - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] 2 of the *Witnesses'*

10-30-18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 315 Forest Dr. | 315 Forest Dr. |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, N.C. 28320 | Bladenboro, N.C. 28320 |
| City, State and Zip (Required) 10-30-18 Date | City, State and Zip (Required) 10-30-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 108-30]*

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED NOV 01 2018

RECEIVED

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

SHIRLEY GINTEL LEINWAND
2206 SECOND AVE
ELIZABETHTOWN, NC 28337

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

DEM - BLADEN COUNTY

[redacted]

Bo[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • The information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a n[redacted] of the *Witnesses' Cer[redacted]*

X [redacted] 10/28/18
Signature of Voter (Required) Date

_____
Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

SHARON M. Leinwand Raleigh, NC
Name of Assistant Address of Assistant

X Sharon Leinwand 10/28/18
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) Muriel A. Leinwand | Signature (Required) Eileen S. Leinwand |
| Street Address (Required) 304 Woodland Drive | Street Address (Required) 304 Woodland Drive |
| City, State and Zip (Required) Elizabethtown Date 10/28/18 | City, State and Zip (Required) Elizabethtown Date 10/28/18 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

_____ _____
Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

HUGH CHAPMAN DENNIS
1256 CROMARTIE RD
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Boa

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10/30/18
Sig Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| MK [illegible] | Madison O. Coates |
| Signature (Required) | Signature (Required) |
| 1256 Cromartie RD | 439 Happy Valley Rd. |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC. | Elizabethtown, NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-30-18 | 10-30-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the [illegible] day of [illegible], 20[illegible], the Voter: [illegible] personally appeared before me, [illegible] positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

AMBER WARWICK AVANT
792 HICKMAN RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa[redacted]

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

[redacted]
Signature of Voter (if applicable)

792 Hickman Rd Bladenboro, NC 28320
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 10/28/18
Signature of Voter (Required) Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Rodney Warwick | Paula Warwick |
| Signature (Required) | Signature (Required) |
| 792 Hickman Rd | 792 Hickman Rd |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | Bladenboro NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/28/18 | 10-28-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

AUSTIN KEVIN DOVE
37 BRISSON RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Boa

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted] ble ballots.)

Signature of Voter (if applicable)

37 Brisson Rd Bladenboro N.C 28320
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 10-28-2018
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required): Jesse Brisson Dove | Signature (Required): Brookelyn M. Beyer |
| Street Address (Required): 37 Brisson Rd | Street Address (Required): 4816 Twisted Hickory Rd |
| City, State and Zip (Required): Bladenboro nc 28320 | City, State and Zip (Required): Elizabethtown, NC 28337 |
| Date: 10/28/18 | Date: 10.28.18 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**
**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ALENE R PRIDGEN
1421 MOORES SWAMP RD
IVANHOE, NC 28447

DEM BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to

[redacted]

1421 Moores Swamp R
Address where application and ballots should be mailed

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X _____
Signature of Voter (Required) Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

x Alene R Pridgen
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Rosa Ann Peterson | Thelma D. Thomas |
| Signature (Required) | Signature (Required) |
| 827 Smithwood Hill Rd | 1526 Lisbon Hardin Rd |
| Street Address (Required) | Street Address (Required) |
| Kelly | Kelly NC |
| City, State and Zip (Required) | City, State and Zip (Required) |
| NC 28448 11/1/18 | 11-1-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

W J EDWARDS JR
314 5TH ST
BLADENBORO, NC 28320

DEM - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 11-1-18
Sig Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| W J Edwards | W J Edwards |
| Signature (Required) | Signature (Required) |
| 314 5th Street | 314 5TH STREET |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | BLADENBORO NC |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 11-01-2018 | 11-01-2018 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;

**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

WILLIAM ALAN JACKSON
3951 MITCHELL FORD RD
CLARKTON, NC 28433

UNA - BLADEN COUNTY

[redacted]

Boa[redacted]

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☑ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

[redacted]

same as above
Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10/28/18
Signature Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) [redacted] | Signature (Required) John I. McDougald |
| Street Address (Required) 8987 US Hwy 701 South | Street Address (Required) 8895 US 701 S. |
| City, State and Zip (Required) Clarkton NC 28433 | City, State and Zip (Required) CLARKTON, N.C. 28433 |
| Date 10/29/18 | Date 10-29-18 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-20].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RAMAH CASSIDY TYNDALL CAMPBELL
64 SHANNON DR
CLARKTON, NC 28433

DEM - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☒ [redacted] *Witnesses'*

Date 10/29/18

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| | |
| Signature (Required) | Signature (Required) |
| Street Address (Required) | Street Address (Required) |
| City, State and Zip (Required) | City, State and Zip (Required) |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the 29th day of October, 20 18, the Voter, Ramah Cassidy Tyndall Campbell personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF North Carolina
COUNTY OF Bladen

Cindy L Castellanos 7-9-22
Notary Public Commission Expiration Date

NOTARY PUBLIC BLADEN COUNTY

NCSBE v2018.02

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RUTH A HARRINGTON
1755 MERCER MILL/BROWN MARSH RD
ELIZABETHTOWN, NC 28337

UNA - BLADEN COUNTY

[redacted]

Boa

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10.28.18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 1785 [illegible] Rd | 1755 Mercer Mill/Brown Marsh Rd |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | ELIZABETHTOWN NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10.28.18 | 10.28.18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

VELMA FAYE HORNE
208 VILLAGE ST # 5D
BLADENBORO, NC 28320

DEM - BLADEN COUNTY

[redacted]

Bo[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete Option 2 of the *Witnesses'*

[redacted] 10-29-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Benjamin Craig Benton | Anthony J. Jol |
| Signature (Required) | Signature (Required) |
| 342 Pine Ridge Circle | 303 PECAN ST. (2-H) |
| Street Address (Required) | Street Address (Required) |
| Bladenboro N.C. 28320 | BLADENBORO NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-29-18 | 10-29-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;

**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BONNIE HALES THOMPSON
2005 HORSESHOE RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 11-1-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Heather Williamson | |
| Signature (Required) | Signature (Required) |
| 2005 Horseshoe Road | 2005 Horseshoe Rd |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | Bladenboro, NC 28320 |
| City, State and Zip (Required) 10/31/18 Date | City, State and Zip (Required) 10/31/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

EDISON DOVE
382 GUYTON RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted] e ballots.)

382 Guyton Rd. Bladenboro, N.C.
Address where application and ballots should be mailed

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] n 2 of the *Witnesses'*

10-29-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Michelle Dawless | Tracy Dowless |
| Signature (Required) | Signature (Required) |
| 398 Guyton Rd. | 398 Guyton Rd |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC 28320 | Bladenboro NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-29-18 Date | 10-29-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DENETTE BARBER JACKSON
3951 MITCHELL FORD RD
CLARKTON, NC 28433

UNA - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete Option 2 of the *Witnesses'* C

[redacted] 10/28/18

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| | John D. McDougald |
| Signature (Required) | Signature (Required) |
| [redacted] | 8895 US 701 S. |
| Street Address (Required) | Street Address (Required) |
| 8984 US Hwy 701 South | CLARKTON, N.C. |
| City, State and Zip (Required) | City, State and Zip (Required) |
| Clarkton NC 28433 | 28433 |
| 10/29/18 Date | 10-29-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

EUGENE MCLEAN
506 BUTLER MILL RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

[redacted]

506 Butler Mill Rd
Address where application and ballots should be mailed
Bladenboro NC 28320

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10-30-16
Signature (Required) Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| [redacted] | [redacted] |
| Signature (Required) | Signature (Required) |
| [redacted] | 924 Old Whiteville Rd |
| Street Address (Required) | Street Address (Required) |
| [redacted] NC 28358 | Lumberton NC 28358 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10.30.16 Date | 10-30-16 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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MARY ANN MCLEAN
506 BUTLER MILL RD
BLADENBORO, NC 28320

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to

[redacted]

Signature of Voter (if applicable)

506 Butler Mill Rd,
Address where application and ballots should be mailed
Bladenboro, NC 28320

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10-30-18
Sig Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 506 Butler Mill Rd | 1724 Old Whiteville Rd |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | Lumberton, NC 28358 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10.30.18 | 10.30.18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DONNIE GARRETT AUTRY
146 HILLCREST DR
ELIZABETHTOWN, NC 28337

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

**OR**

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10/31/18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X
_____ _____
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| John Notar | Meredith Buerger |
| Signature (Required) John Notar | Signature (Required) Meredith Buerger |
| Street Address (Required) 327 Merrimac Trail, unit 5-C | Street Address (Required) 525 Prince George St., # 202 |
| City, State and Zip (Required) Williamsburg, VA 23185 10/31/18 Date | City, State and Zip (Required) Williamsburg, VA 23185 10/31/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED
NOV 01 2018

BILLY MCCRAY DOVE
878 GUYTON RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa

TIME
BLADEN CO BD. OF ELECTIONS
REC'D BY

**Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

**Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

[redacted]

878 Guyton RD B-boro NC 28320
Address where application and ballots should be mailed

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10-30-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Bettye M Dove, 878 Guyton RD. B.boro, NC 28320
Name of Assistant Address of Assistant

x Bettye M Dove 10-30-18
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Bettye M. Dove | Janet D. Dove |
| Signature (Required) | Signature (Required) |
| 878 Guyton Rd. | 878 Guyton Rd. |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC 28320 | BLADENBORO N.C. 28320 |
| City, State and Zip (Required) 10-30-18 Date | City, State and Zip (Required) 10-30-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED
NOV 01 2018
BLADEN CO. BD. OF ELECTIONS

BETTYE MARIE DOVE
878 GUYTON RD
BLADENBORO, NC 28320

TIME _____ RECEIVED

UNA - BLADEN COUNTY

[redacted]

Boa[redacted]

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

[redacted]
Signature of Voter (If applicable)

878 Guyton RD. Bladenboro NC 28320
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • The information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 10-30-18
Signature of Voter (Required) Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Janet D. Dove | Billy Dove |
| Signature (Required) | Signature (Required) |
| 878 Guyton Rd | 878 Guyton Rd |
| Street Address (Required) | Street Address (Required) |
| Bladenboro N.C. 28320 | Bladenboro NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-30-18 | 10-30-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;

**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED
NOV 05 2018

HAYLEY CHRISTINE MILCZAKOWSKI
3697 OWEN HILL RD
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Boar

**Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

**Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

[redacted]
Signature of Voter (if applicable)

922 Dacian Ave Apt. 315 Durham NC 27701
Address where application and ballots should be mailed

**Voter's Certification (Required)**

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 11/2/18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Thomas Lynn Milczakowski | Amber Milczakowski |
| Signature (Required) | Signature (Required) |
| 3697 Owen Hill Rd. | 3697 Owen Hill Rd. |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC | Elizabethtown, NC |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 28337 11-02-18 | 28337 11-02-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RONALD EARL DAVIS SR
6476 NC 210 HWY W
GARLAND, NC-28441

DEM - BLADEN COUNTY

[redacted]

Boa

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☑ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☑ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10-31-2018
Signature of Voter (Required) Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| | |
| Signature (Required) | Signature (Required) |
| Street Address (Required) | Street Address (Required) |
| City, State and Zip (Required) | City, State and Zip (Required) |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the 31 day of ~~November~~ October, 20 18, the Voter: Ronald Earl Davis personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this ~~*Absentee Application and Certificate*~~, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or ballot.*

STATE OF North Carolina
COUNTY OF Bladen

Anita J. Aguilar 8-18 2020
Notary Public Commission Expiration Date

SEAL

ANITA J. AGUILAR
NOTARY PUBLIC
Bladen County, North Carolina
My Commission Expires August 18 2020

NCSBE v2018.02

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

PEGGY TONEY DAVIS
6476 NC 210 HWY W
GARLAND, NC 28441

UNA - BLADEN COUNTY

[redacted]

Bo[redacted]

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☑ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☑ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted]
Sig[redacted] Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| | |
| Signature (Required) | Signature (Required) |
| Street Address (Required) | Street Address (Required) |
| City, State and Zip (Required) Date | City, State and Zip (Required) Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the 29 day of October, 20 18, the Voter: Peggy Toney Davis personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application and certificate. [G.S. § 108A-30].*

STATE OF North Carolina
COUNTY OF Bladen

Anita J Aguilar
Notary Public

My Commission Expires August 18, 2020
Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CHERIE MARIE MARTIN
10127 NC 131 HWY
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'* [redacted]

[redacted] 11-3-18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Nathan W Richardson | Connie Marie Edwards |
| Signature (Required) Nathan W Richardson | Signature (Required) Connie Marie Edwards |
| Street Address (Required) 10127 NC 131 HWY | Street Address (Required) 106 Village St. |
| City, State and Zip (Required) Bladenboro NC 28320 Date 11-3-18 | City, State and Zip (Required) Bladenboro, NC 28320 Date 11-3-18 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

HOWARD LEE BOWEN JR
1017 EAST ARCADIA RD
RIEGELWOOD, NC 28456

DEM - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted]

Signature of Voter (if required) Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Carol Graham | Bessie Lottwell |
| Signature (Required) | Signature (Required) |
| 5949 Jackson Rd. | 1017 East Arcadia Rd |
| Street Address (Required) | Street Address (Required) |
| Riegelwood NC 28456 | Riegelwood, N.C. 28456 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| | 10-30-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SHIRLEY E BRYANT
902 BOWEN BLANKS RD
RIEGELWOOD, NC 28456

DEM - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] of the *Witnesses'* Ce

X
Sig Date

Name correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Fabian Bryant | Carol Graham |
| Signature (Required) | Signature (Required) |
| 902 Bowen Blanks Rd | 84 Dickson Rd. |
| Street Address (Required) | Street Address (Required) |
| Riegelwood NC, 28456 | Riegelwood NC. |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-31-18 Date | 10-31-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ESTELLE G GRAHAM
523 DICKSON RD
RIEGELWOOD, NC 28456

DEM - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] sses'

_____
Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Carol Graham | Sonya Graham |
| Signature (Required) | Signature (Required) |
| 84 Dickson Rd. | 244 Lacewell St |
| Street Address (Required) | Street Address (Required) |
| Riegelwood NC 28456 | Riegelwood NC 28456 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-31-18 | 10-31-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MELVIN WILLIAMS
704 FOX ST
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☑ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted]lots.)

[redacted]

P.O. Box 1449 - Elizabethtown
Address where application and ballots should be mailed
NC 28337

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option** 1 of the *Witnesses' Certification*)

OR

☑ a notary public (the notary must complete **Option 2** of the *Witnesses' Ce*[redacted]

X [redacted] 11-3-18
Si[redacted]
Na[redacted]

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Jewell L. Smith 701 Fox St Elizabethtown
Name of Assistant Address of Assistant

X Jewell L. Smith 11-3-18
Signature of Assistant Date

NCSBE v2018.02

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| | |
| Signature (Required) | Signature (Required) |
| Street Address (Required) | Street Address (Required) |
| City, State and Zip (Required) | City, State and Zip (Required) |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that; on the 3rd day of November, 20 18 the Voter: Melvin Williams personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-20]*

STATE OF N.C.
COUNTY OF Bladen

Rhunetta Brown
Notary Public

NOTARY PUBLIC
RHUNETTA BROWN
BLADEN COUNTY, N.C.

11-May-2018
Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

AUDTRA MCKOY COLE
361 LEWIS DR
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted]

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 11-6-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Sharon L. Samuels | Patricia Cusamano |
| Signature (Required) | Signature (Required) |
| 707 South Hill St. | P.O. Box 994 |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC. | Elizabethtown NC |
| City, State and Zip (Required) 11-6-18 Date | City, State and Zip (Required) 11-6-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DORIS LEE ROGERS
5525 MERCER MILL/BROWN MARSH RD
CLARKTON, NC 28433

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 11/1/18 Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Lola Wooten 108 Lewis DR Clarkton
Name of Assistant Address of Assistant

x Lola Wooten 11/1/18
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Lola Wooten | Sandra Gunn |
| Signature (Required) | Signature (Required) |
| 108 Lewis DR | 1813 Vera St |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 11/1/18 Date | 11-1-2018 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED
NOV 06 2018
BLADEN CO. BD. OF ELECTIONS

LOISTIN YOUNG
5542 LISBON RD
CLARKTON, NC 28433

TIME _____ REC'D BY _____

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached ballot; if the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 11/6/18
Signature Date

_____
Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 108 Leaus DR | 5542 Lisbon Rd |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Clarkton NC 28433 |
| City, State and Zip (Required) 11/6/18 Date | City, State and Zip (Required) 11/6/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

_____ _____
Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED
NOV 06 2018
BY
BLADEN CO. BOARD OF ELECTIONS

FLETCHER YOUNG
5542 LISBON RD
CLARKTON, NC 28433

TIME

DEM - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 11/6/18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Lola Weston | Cayprina Smith |
| Signature (Required) | Signature (Required) |
| 108 Lewis DR | 5560 Lisbon Rd |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Clarkton NC 28433 |
| City, State and Zip (Required) 11/6/18 Date | City, State and Zip (Required) 11/6/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ANNIE LEE MCCLELLAND
5609 MERCER MILL/BROWN MARSH RD
CLARKTON, NC 28433

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted]
Sig

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Lola Wooten — 108 Lewis DR Elrod
Name of Assistant — Address of Assistant

X Lola Wooten — 10/2/18
Signature of Assistant — Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Lola Wooten | Sandra Green |
| Signature (Required) | Signature (Required) |
| 108 Lewis DR | 1813 Vine St. |
| Street Address (Required) | Street Address (Required) |
| Elrod Bethtown NC 28337 | Elizabethtown NC 28337 |
| City, State and Zip (Required) 11/2/18 Date | City, State and Zip (Required) 11-2-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public — Commission Expiration Date

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED
NOV 06 2018

SADIE JERLENE MELVIN
208 MERCER MILL RD
ELIZABETHTOWN, NC 28337

UNA - BLADEN COUNTY

[redacted]

BOE

TIME ____ REC'D BY ____
BLADEN CO BOARD OF ELECTIONS

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted]

Signature of Voter (Required) Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X CATHERINE AUTRY 11/6/18
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| Street Address (Required) | Street Address (Required) |
| City, State and Zip (Required) | City, State and Zip (Required) |
| Date | Date |

BOE
Elizabethtown NC 28337
11-6-18
BOE
E-town, NC
11-6-18

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

NCSBE v2018.02

# Absentee Application and Certificate

**or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

TIME ____ RECD BY ____
BLADEN CO. BD. OF ELECTIONS

NOV 06 2018
RECEIVED

ZELDA RUTH MCEACHERN
1116 NC 211 HWY W
CLARKTON, NC 28433

DEM - BLADEN COUNTY

[redacted]

Board Approval Date ____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to ble ballots.)

[redacted]

1116 HWY 211 W Clarkton, NC 28433
Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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**OR**

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 11/5/18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

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| Witness #1 | Witness #2 |
|---|---|
| D. Lynn McEachern | Lovella P. Thompson |
| Signature (Required) | Signature (Required) |
| 1116 HWY 211 W | 292 BTW Rd |
| Street Address (Required) | Street Address (Required) |
| Clarkton, NC 28433 | Clarkton, NC 28433 |
| City, State and Zip (Required) 11-5-19 Date | City, State and Zip (Required) 11-6-19 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MARGIE SMOAK
11591 NC 41 HWY W
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted]allots.)

[redacted]

11591 Hwy 41 W. Bladenboro NC 28320
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 11-2-18
Sig Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 11745 NC Hwy 41 West | 11459 NC Hwy 41 W |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC 28320 | Bladenboro, NC 28320 |
| City, State and Zip (Required) 11-2-18 Date | City, State and Zip (Required) 11-2-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RODNEY ERIC LITTLE
4816 TWISTED HICKORY RD
ELIZABETHTOWN, NC 28337

UNA - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] *Witnesses'*

11-1-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Wendy S. Little | Virginia Tate |
| Signature (Required) | Signature (Required) |
| 2217 Marsh Rd | 549 Hwy 410 Apt. B-2 |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC. 28320 | Bladenboro, N.C. 28320 |
| City, State and Zip (Required) 11-1-18 Date | City, State and Zip (Required) 11-1-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 105-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

VIRGINIA MAE TATUM
549 NC 410 HWY # 8B
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 11-1-18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Wendy S. Bittle | Rodney E. Rogers |
| Signature (Required) | Signature (Required) |
| 2217 Marsh Rd | 486 Twisted Hickory Rd |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC. 28320 | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 11-1-18 Date | 11-1-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MARGUERITE LEWIS HUFHAM
231 N MITCHELL FORD RD
CLARKTON, NC 28433

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☑ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

[redacted]

PO Box 345 CLARKTON, NC 28433
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted]

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant | Address of Assistant

X
Signature of Assistant | Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Joanne Turner | Chas Oland |
| Signature (Required) | Signature (Required) |
| 6650 James B. White Hwy N | 65 W Green St |
| Street Address (Required) | Street Address (Required) |
| Whiteville NC 28472 | Clarkton, NC 28433 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 11-2-18 | 11-2-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public | Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

GLORIA WARD GRIFFIN
1798 NC 11 HWY
KELLY, NC 28448

UNA - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 11-5-18
Signature Date

_____
Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Amanda Ward | William F. Ward |
| Signature (Required) | Signature (Required) |
| 1798 NC Hwy 11 | 1798 NC Hwy 11 |
| Street Address (Required) | Street Address (Required) |
| Kelly NC 28448 | Kelly NC 28448 |
| City, State and Zip (Required) 11/5/18 Date | City, State and Zip (Required) 11-5-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;

**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BILLY A BUTLER
413 S ASHE ST
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa[redacted]

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

[redacted]
Signature of Voter (if applicable)

1000 Wesley Pines Rd
Address where application and ballots should be mailed
Lumberton NC 28358
Wesley Pines Nursing Home

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 11/3/2018
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

NCSBE v2018.02

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) Quinn B. Martin | Signature (Required) |
| Street Address (Required) 419 Ash St | Street Address (Required) |
| City, State and Zip (Required) Bladenboro NC 28320 | City, State and Zip (Required) Elizabethtown, N.C. 28337 |
| Date 11.3.18 | Date 11/3/2018 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BESSIE SPIVEY PONE
16521 TWISTED HICKORY RD
BLADENBORO, NC 28320

DEM - BLADEN COUNTY

[redacted]

Boa

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 10-31-18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Jamie Rose |
| 10 Berea Ct | Signature (Required) 2219 Willow Road |
| Street Address (Required) | Street Address (Required) |
| Greensboro, NC 27406 | Greensboro, NC 27406 |
| City, State and Zip (Required) 10/31/18 Date | City, State and Zip (Required) 10/31/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

THOMAS L BEATTY
2439 FIGURE 9 RD
COUNCIL, NC 28434

DEM - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' C*

[redacted]

X [redacted] 11-1-18
Si Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X Lillie B. Beatty 11-1-18
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Lillie B. Beatty | Sandra Autry |
| Signature (Required) | Signature (Required) |
| 2439 Figure 9 Rd | 4070 Rosehill Rd |
| Street Address (Required) | Street Address (Required) |
| Council NC 28434 | Fayetteville NC 28311 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LILLIE B BEATTY
2439 FIGURE 9 RD
COUNCIL, NC 28434

DEM - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted]

11-1-18
Date

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| DEBORAH MONROE | Jimmy L Ostey Jr. |
| Signature (Required) | Signature (Required) |
| 91 Clyde Hitchcock Rd | 2181 S Elwell Ferry Rd |
| Street Address (Required) | Street Address (Required) |
| Council N.C. 28434 | COUNCIL NC 28434 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 11-1-18 | 11-1-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

TERESA PRIEST MCDONALD
6546 BURNEY FORD RD
CLARKTON, NC 28433

UNA - BLADEN COUNTY

[redacted]

Boa[redacted]

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☑ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to

[redacted]

Signature of Voter (if applicable)

6546 Burney Ford Rd. Clarkton NC 28433
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

**OR**

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 11/1/18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Michael Eugene McDonald | Jason McDonald |
| Signature (Required) | Signature (Required) |
| 6546 Burney Ford Road | 6546 Burney Ford Rd |
| Street Address (Required) | Street Address (Required) |
| Clarkton N.C. 28433 | Clarkton NC 28433 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 11/1/18 | 11/1/18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JASON BRENT MCDONALD
6546 BURNEY FORD RD
CLARKTON, NC 28433

UNA - BLADEN COUNTY

[redacted]

Boa

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to

[redacted]
Signature of Voter (if applicable)

6546 BURNEY Ford Rd
Address where application and ballots should be mailed
Clarkton NC 28433

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

Si [redacted] 11/11/18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Michael Eugene McDonald | Teresa P. McDonald |
| Signature (Required) | Signature (Required) |
| 6546 Burney Ford Road | 6546 Burney Ford Rd |
| Street Address (Required) | Street Address (Required) |
| Clarkton NC 28433 | Clarkton NC 28433 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 11/11/18 | 11/11/18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MICHAEL EUGENE MCDONALD
6546 BURNEY FORD RD
CLARKTON, NC 28433

UNA - BLADEN COUNTY

[redacted]

Boa[redacted]

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☑ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted]

[redacted]
Signature of Voter (if applicable)

6546 Burney Ford Road Clarkton NC 28433
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted]
Sig[redacted] Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Teresa P. McDonald | Jason N McDonald |
| Signature (Required) | Signature (Required) |
| 6546 Burney Ford Rd | 6596 BURNEY FORD |
| Street Address (Required) | Street Address (Required) |
| Clarkton NC 28433 | Clarkton NC 28433 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 11/1/18 | 11/1/18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED
NOV 05 2018

ROY LYNN PARKER
279 OLD 87 RD
ELIZABETHTOWN, NC 28337

TIME _____ RECD BY
BLADEN CO. BD. OF ELECTIONS

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a no[redacted] **Option 2** of the *Witnesses' Cert*[redacted]

X [redacted] 11/5/18
Signa[redacted] Date

_____
Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

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| Witness #1 | Witness #2 |
|---|---|
| Marie M. Davis | Etta Tatom |
| Signature (Required) | Signature (Required) |
| 508 Glenwood Dr. | 279 Old 87 Road |
| Street Address (Required) 28337 | Street Address (Required) |
| Elizabethtown Nc | Elizabethtown NC 28337 |
| City, State and Zip (Required) 11-05-'18 | City, State and Zip (Required) 11-05-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

KAREN MICHELLE JENKINS
60 MCCLOUD LN
KELLY, NC 28448

REP - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 11-1-18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| | Bwa Raveel |
| Signature (Required) Karen Sue Edwards | Signature (Required) |
| Street Address (Required) 106 Springchase Lane | Street Address (Required) 106 Springchase LN |
| City, State and Zip (Required) Rocky Point NC 28457 | City, State and Zip (Required) Rocky Pt NC 28457 |
| Date 11/1/18 | Date 11-1-18 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LARRY MARTIN SURLES
605 GLENWOOD DR
ELIZABETHTOWN, NC 28337

REP - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☑ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted]ble to

[redacted]

605 Glenwood Drive
Address where application and ballots should be mailed
Elizabethtown, N.C. 28337

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X
Signature of Voter (Required) Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Cynthia Surles | Kiera M. Davis |
| Signature (Required) | Signature (Required) |
| 605 Glenwood Drive | 308 Britt Street |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown, N.C. | Bladenboro, N.C. 28358 |
| City, State and Zip (Required) 28337 11-4-18 Date | City, State and Zip (Required) 11-4-2018 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JEANETTE CROMARTIE LUCAS
17948 NC 87 HWY W
TAR HEEL, NC 28392

DEM - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 11/2/18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Ronald Lucas | Lillie F. Lucas |
| Signature (Required) | Signature (Required) |
| 17948 Hwy 87 West | 1227 Twisted Hickory Rd |
| Street Address (Required) | Street Address (Required) |
| Tar Heel, N.C | Elizabethtown NC 28337 |
| City, State and Zip (Required) 28392 | City, State and Zip (Required) |
| 11-2-18 Date | 11-2-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;

**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED
NOV 06 2018
TIME ____ RECD BY ____
BLADEN CO. BD. OF ELECTIONS

RECEIVED
NOV 05 2018
TIME ____
BLADEN CO. BD. OF ELECTIONS

DEMETRIUS VIDAL COUNCIL
804 S POPLAR ST
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

X _____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 11-5-18
Signature Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Teresa Lavoie POBox 2493 Elizabethtown
Name of Assistant Address of Assistant

X Teresa Lavoie 11-5-18
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Teresa Lavoie | Essie McKoy |
| Signature (Required) | Signature (Required) |
| 1107 Richardson St | 2305 Alta St |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 11-5-18 Date | 11-5-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

_____ _____
Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED
NOV 06 2018

MARY JANE GANTT
34 KILDEE DR
HARRELLS, NC 28444

TIME _____ REC'D BY
BLADEN CO. BD. OF ELECTIONS

DEM - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • The information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 11/3/18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) Hilda Ingram | Signature (Required) Charles Ingram |
| Street Address (Required) 34 Kildee Dr. | Street Address (Required) 34 Kildee Drive |
| City, State and Zip (Required) Harrells NC 28444 | City, State and Zip (Required) Harrells NC 28444 |
| Date 11/3/18 | Date 11/3/18 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LEE CURRIE ANDREWS
161 BALTIMORE RD
COUNCIL, NC 28434

DEM - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☒ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 11-2-18
Signature Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Franklin D Andrews — 161 Baltimore Rd. Council, NC 28434
Name of Assistant — Address of Assistant

X Franklin D. Andrews 11-2-18
Signature of Assistant — Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| | |
| Signature (Required) | Signature (Required) |
| Street Address (Required) | Street Address (Required) |
| City, State and Zip (Required) | City, State and Zip (Required) |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the 2nd day of November, 20 18, the Voter: Lee Currie Andrews personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF N C
COUNTY OF Bladen

R Pruett Bus 12/15/18
Notary Public — Commission Expiration Date

BLADEN COUNTY NOTARY PUBLIC NMORSE

NCSBE v2018.02

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED
NOV 05 2018
TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

VIDA AMMONS COX
1112 S PAGE RD
CLARKTON, NC 28433

DEM - BLADEN COUNTY

[redacted]

Boa

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☑ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

1112 S. Page Rd Clarkton NC 28433
Address where application and ballot should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted]

11-5-18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Allen W Cox Jr — 1112 S. Page Rd Clarkton NC 28433
Name of Assistant — Address of Assistant

X Allen W Cox Jr — 11-5-18
Signature of Assistant — Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Sharon Spivey | Jeannine Sellers |
| Signature (Required) | Signature (Required) |
| 106 Cameron St. | 923 Spruce Street |
| Street Address (Required) | Street Address (Required) |
| Lake Waccamaw NC 28450 | Whiteville NC 28472 |
| City, State and Zip (Required) 11-5-18 Date | City, State and Zip (Required) 11-5-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____

SEAL

_____ _____
Notary Public — Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ROSALIND JUNE LESSANE
2217 MURRAY ST
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] the *Witnesses'* C

Si [redacted] 11-2-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Sharon Lessane 2217 Murray St Elizabethtown
Name of Assistant Address of Assistant

Sharon Lessane 11-2-18
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Bertha Campbell | Heather N. Poe |
| Signature (Required) | Signature (Required) |
| 1108 Quail St. | 12647 Hwy 53 west |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | White Oak NC 28399 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 11-2-18 | 11-2-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;

**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED
NOV 05 2018
TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

DONALD BALLARD
266 SHORT HILLS DR
TAR HEEL, NC 28392

DEM - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'* C

[redacted] 11-5-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Carolyn Ballard | Dominiera R. Ballard |
| Signature (Required) | Signature (Required) |
| 266 Short Hills Dr. | 7010 Twisted Oaks Drive |
| Street Address (Required) | Street Address (Required) |
| Tar Heel NC 28392 | Fayetteville NC 28312 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 11-5-18 | 11-5-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DOROTHY SMITH WATKINS
3211 NC 53 HWY E
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Boar[redacted]

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 10.31.2018
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Thad B. Watkins | Patricia B Watkins |
| Signature (Required) | Signature (Required) |
| 60 Sandy Cove | 2746 NC Hwy 53 East |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/31/18 | 11-1-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

STEWART GLENN NORRIS
2486 NC 242 HWY S
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Boar

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted]

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 110 N Newton St | 4041 Mote Rd |
| Street Address (Required) | Street Address (Required) |
| E-Town NC 28337 | |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 11-5-18 | Harrells NC 28444 11-5-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

KEN SHAUN DERREL WIKE
65 KING TUTS CT
RIEGELWOOD, NC 28456

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 11-3-18
Date

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Pamela Denise Long 65 King Tuts Ct Riegelwood NC 28456
Name of Assistant Address of Assistant

Pamela Denise Long 11-3-18
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Carol Graham | Tanne Long |
| Signature (Required) | Signature (Required) |
| 84 Rickson Rd. | 2653 E. Arcadia Rd |
| Street Address (Required) | Street Address (Required) |
| Riegelwood NC 28456 | Riegelwood N.C. 28456 |
| City, State and Zip (Required) 11-3-18 Date | City, State and Zip (Required) 11-3-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

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[redacted]
ALPHONSO LAMMONT MELVIN
PCT/VTD:P80/P80 Muni:
11/06/2018 - GENERAL

ALPHONSO LAMMONT MELVIN
171[redacted]
WH
DE[redacted]
Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 11/5/18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

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**(Required Unless a Notary Public is the Witness)**

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| Witness #1 | Witness #2 |
|---|---|
| Hazel Autry | Mary Johnson |
| Signature (Required) | Signature (Required) |
| 137 Avenue Ave | 8684 Hwy 53W |
| Street Address (Required) | Street Address (Required) |
| White Oak NC 28399 | White Oak NC 28399 |
| City, State and Zip (Required) 11.5.18 Date | City, State and Zip (Required) 11-5-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

REGINA AUTRY
171 AVENUE AVE
WHITE OAK, NC 28399

DEM - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] **Option 2** of the *Witnesses' Ce*

X [redacted] 11.5.18
Sig Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Alphonso B. Melvin | Mary Jo Lawson |
| Signature (Required) | Signature (Required) |
| 171 Avenue Ave | 26840 Hwy 53W |
| Street Address (Required) | Street Address (Required) |
| White Oak NC 28399 | White Oak, NC 28399 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 11/5/18 Date | 11-5-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

PERNELL RIGGINS
208 MERCER MILL RD
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 11-5-18

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 506 Pond Street | 571 Pinkney St |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 11-5-18 Date | 11-5-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ROBERT WALKER MEGGS
2245 THIRD AVE
ELIZABETHTOWN, NC 28337

UNA - BLADEN COUNTY

[redacted]

Boa[redacted] Approval Date _____

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to r[redacted]

S[redacted]

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] November 3, 2018
Signa[redacted] Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Christopher Allen Megg | Teresa Rose Megg |
| Signature (Required) | Signature (Required) |
| 2245 THIRD AVENUE | 2245 3rd Ave |
| Street Address (Required) | Street Address (Required) |
| ELIZABETHTOWN, N.C. 28337 | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| November 3, 2018 | 11/03/18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

EMILY VERNELLE MEGGS
2245 THIRD AVE
ELIZABETHTOWN, NC 28337

REP - BLADEN COUNTY

[redacted]

Bo[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] the *Witnesses'*

10-31-18
Date

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| [redacted] | Holly Meggs |
| Signature (Required) | Signature (Required) |
| [redacted] Third Ave | 2245 Third Ave |
| Street Address (Required) | Street Address (Required) |
| [redacted] NC 28337 | Elizabethtown NC 28337 |
| City, State and Zip (Required) 10/31/18 Date | City, State and Zip (Required) 10/31/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JAMES EARL AVANT
520 S ASHE ST
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa[redacted]

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☒ [redacted] 2 of the *Witnesses'*

11-5-18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| | |
| Signature (Required) | Signature (Required) |
| Street Address (Required) | Street Address (Required) |
| City, State and Zip (Required) | City, State and Zip (Required) |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the 5th day of November, 20 18, the Voter: James Earl Avant personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF NC
COUNTY OF Wake

KATLYN B. [illegible]
NOTARY PUBLIC
WAKE COUNTY, NC

Kathlyn B. [illegible] Notary Public
[illegible] Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

GEORGE W BRYANT
902 BOWEN BLANKS RD
RIEGELWOOD, NC 28456

DEM - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted]

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

[redacted] _____
Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Fabian Bryant | Carol Drake |
| Signature (Required) | Signature (Required) |
| 902 Bowen Blanks Rd | 84 Dickson Rd |
| Street Address (Required) | Street Address (Required) |
| Riegelwood, NC, 28456 | Riegelwood NC 28456 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-31-18 | 10-31-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;

**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

WILLIE JACKSON CORBETT
70 CORBETT DR
KELLY, NC 28448

DEM - BLADEN COUNTY

[redacted]

Bo[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Sig[redacted]

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] witnesses'

Vot[redacted]

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Rosa A Peterson | Thelma S. Flamer |
| Signature (Required) | Signature (Required) |
| 827 Lightwood Knot Rd | 1524 Lightwood Knot Rd |
| Street Address (Required) | Street Address (Required) |
| Kelly | Kelly NC 28448 |
| City, State and Zip (Required) NC 28448 | City, State and Zip (Required) |
| Date 11/5/17 | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

KAYLA BETH PITTMAN
1200 S MAIN ST
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Bo[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 11/4/2018
Signature Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Tonya Long | Wendy D Heath |
| Signature (Required) | Signature (Required) |
| 1200 North Main St | 371 Sunset Park Road |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC 28320 | Bladenboro, NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 11-04-18 | 11-4-2018 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

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NCSBE v2018.02

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SCOTTIE LANE STORMS
7242 NC 211 HWY W
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Bo[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Ce*[redacted]

X [redacted] 11/4/18
Sig Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Christy C. Storms | Wendy D Hester |
| Signature (Required) | Signature (Required) |
| 7242 Hwy 211E | 371 Sunset Park Road |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, NC 28320 | Bladenboro NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 11/4/18 Date | 11-4-2018 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JULIUS ALLEN NEWKIRK
409 LIGHTWOOD KNOT RD
KELLY, NC 28448

DEM - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X
Signature of Voter (Required) Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

[redacted] 11-2-18
Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Bessie Ann Peterson | Thelma D. Thomas |
| Signature (Required) | Signature (Required) |
| 527 Lightwood Knot Rd | 1526 Lightwood Knot Rd |
| Street Address (Required) | Street Address (Required) |
| Kelly NC 28448 | Kelly NC 28448 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 28448 Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MINNIE LEE MELVIN
1421 JOHNSONTOWN RD
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Bo

mtg.
11/16/18

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a
tered as an affiliate of the political party ind
• All information represented on this applicatic
to vote in this election • If I am an *Unaffiliate*
election, I am voting in the party primary i
label • If the party indicated is (UNA), I am v

I further certify that I marked the enclosed b
me according to my instructions) in the pres

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

☐ [redacted]

[redacted] Date 11-1-18

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I am at least 18 years old • I am not disqualified from witnessing the ballot as
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or caused it to be marked in the Voter's presence according to his/her instruction •
ied this *Absentee Application and Certificate*, or caused it to be signed • I respected
f the ballot and the Voter's privacy, unless I assisted the Voter at his/her request
*er Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Alice Jane Autry | [illegible] |
| Signature (Required) | Signature (Required) |
| 2141 Johnsontown Rd | 2141 Johnsontown Rd |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown, NC 28337 | Elizabethtown NC 28337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 11-1-18 | 11-1-18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

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In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

NCSBE v2018.02

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

NATHAN BAY RILEY
6842 OLD FAYETTEVILLE RD
GARLAND, NC 28441

REP - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 11-4-18
Signature Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Patty Riley | Julie Riley |
| Signature (Required) | Signature (Required) |
| 6842 Old Fayetteville Rd | 6840 Old Fay. Rd. |
| Street Address (Required) | Street Address (Required) |
| Garland, NC 28441 | Garland |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 11/4/18 Date | Garland NC 28441 11-04-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

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KIMBERLY ANNE PITTMAN
1200 S MAIN ST
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Bo[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Ce*[redacted]

X [redacted] 11/4/2018
Sig Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

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Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) Tonya King | Signature (Required) Wendy D Hester |
| Street Address (Required) 600 North Main St | Street Address (Required) 371 Sunset Park Rd |
| City, State and Zip (Required) Bladenboro NC 28320 | City, State and Zip (Required) Bladenboro, NC 28320 |
| Date 11-04-18 | Date 11-4-2018 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;

**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BILLY CURTIS SMITH
500 5TH ST
BLADENBORO, NC 28320

DEM - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 11/3/18
Signature of Voter (Required) Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Kimberly R. Smith | Traci A. Parker |
| Signature (Required) | Signature (Required) |
| 105 Thicket Place | 105 Thicket Pl. |
| Street Address (Required) | Street Address (Required) |
| Wilmington, NC, 28409 | Wilmington NC |
| City, State and Zip (Required) 11/3/18 Date | City, State and Zip (Required) 28409 11-3-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MICHAEL GREG PITTMAN
1200 S MAIN ST
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Bo[redacted]

☐ **Second Primary Request or Runoff Request**
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Signature of Voter (If applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Ce*[redacted]

X [redacted] 11-5-18
Sig Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Tonya Long | Wesley D Hester |
| Signature (Required) | Signature (Required) |
| 600 North Main St | 371 Sunset Park Rd. |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC | Bladenboro NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 11-5-18 | 11-5-2018 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

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ALLIE MCKEE MARSH
378 MCKEE RD
CLARKTON, NC 28433

DEM - BLADEN COUNTY

[redacted]

Board Approval Date

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10/23/18
Signature of Voter (Required) Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 10613 Silverwood Creek Dr. | 1020 W. Peace St, Apt L-2 |
| Street Address (Required) | Street Address (Required) |
| Raleigh, NC 27614 | Raleigh, NC 27605 |
| City, State and Zip (Required) 10/23/18 Date | City, State and Zip (Required) 10/23/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

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ROBERT DANE GOODWIN
404 WOODLAND DR
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Bo

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In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Cer*

X [redacted] 10/27/18
Sign Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

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Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

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| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 404 Woodland Dr. | 404 Woodland Dr |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 28337 | Elizabethtown NC 28337 |
| City, State and Zip (Required) 10/27/18 Date | City, State and Zip (Required) 10/27/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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COUNTY OF _____ SEAL

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JANICE MAE LEWIS
525 JAMES PAIT RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Bo

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Signature of Voter (if applicable)

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 10/17/18
Signa Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

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Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

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| Witness #1 | Witness #2 |
|---|---|
| Linda Mintz | [signature] |
| Signature (Required) | Signature (Required) |
| 188 Lewis Pocket Rd | 185 Hestamill RD |
| Street Address (Required) | Street Address (Required) |
| Bladenboro, N.C. | Bladenboro N.C. |
| City, State and Zip (Required) 28320 10/13/18 Date | City, State and Zip (Required) 28320 10/13/18 Date |

**Option 2: Notary Public as Witness**
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JULIA HALL GOODWIN
404 WOODLAND DR
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Bo

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Signature of Voter (if applicable)

Address where application and ballots should be mailed

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[redacted] 10-27-18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

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Name of Assistant Address of Assistant

X
Signature of Assistant Date

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| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| Street Address (Required): 404 Woodland Dr | Street Address (Required): 404 Woodland Dr |
| City, State and Zip (Required): Elizabethtown NC 28337 — Date: 10-27-18 | City, State and Zip (Required): Elizabethtown NC 28337 — Date: 10.27-18 |

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COUNTY OF _____ SEAL

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RECEIVED
OCT 30 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

LACY FARRELL MCDUFFIE
278 LIVE OAK METHODIST CHURCH RD
WHITE OAK, NC 28399

DEM - BLADEN COUNTY

[redacted]

Bo[redacted]

☐ **Second Primary Request or Runoff Request**
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_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

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I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] Oct. 28, 2018
Signature (Required) Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Faye M Richardson | Dianne R. Richardson |
| Signature (Required) | Signature (Required) |
| 3963 Cedar Creek Rd. | 3963 Cedar Creek Rd. |
| Street Address (Required) | Street Address (Required) |
| Fayetteville, NC 28312 | Fayetteville NC 28312 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/28/18 | 10/28/2018 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

Approved

VICTORIA GRACE PAIT
91 PARSONAGE RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Board Approval Date

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

a duly qualified voter, registered indicated on this application ation is correct • I am entitled ated voter voting in a primary y indicated on the attached n voting a nonpartisan ballot.

d ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'* C

[redacted] 11-5-18 Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Hannah Lewis | Emily M Davidson |
| Signature (Required) | Signature (Required) |
| 330 Tenosha dr. | 934 Tadpole Circle |
| Street Address (Required) | Street Address (Required) |
| Spartanburg, SC 29303 | Boiling Springs, SC 29316 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 11-5-18 Date | 11/5/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**
**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CHRISTOPHER RYAN PAIT
587 LYON LANDING RD
ELIZABETHTOWN, NC 28337

UNA - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 11-5-18
Signature (Required) Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Mark Pait | Katie Pait |
| Signature (Required) | Signature (Required) |
| 587 Lyon Landing | 587 Lyon Landing Rd |
| Street Address (Required) | Street Address (Required) |
| Dublin NC. 28332 | Dublin N.C. 28332 |
| City, State and Zip (Required) 11-5-18 Date | City, State and Zip (Required) 11-5-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that, on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JENNIFER DENISE HOWIE
504 ASH ST
ELIZABETHTOWN, NC 28337

UNA - BLADEN COUNTY

[redacted]

Board Approval Date

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted]

Signature of Voter (Required) Date 10/29/18

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 504 Ash St | 104 Lewis Dr |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown N.C. | Elizabethtown NC 28337 |
| City, State and Zip (Required) Date | City, State and Zip (Required) 10/29/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ROBIN LEIGH JACKSON
527 LIVE OAK METHODIST CHURCH RD
WHITE OAK, NC 28399

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 11/5/18
Signature (Required) Date

_____
Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| [redacted] | Angela Tate |
| Signature (Required) | Signature (Required) |
| 527 Live Oak Meth Chld | 115 Live Oak Methodist Rd |
| Street Address (Required) | Street Address (Required) |
| White Oak, NC 28399 | White Oak, NC 28399 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 11-5-18 | 11/5/18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that, on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;

**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MICHELLE BONET WRIGHT
1530 MITCHELL FORD RD
CLARKTON, NC 28433

DEM - BLADEN COUNTY

[redacted]

Boar

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to receive eligible ballots.)

[redacted]

2306 Bluff Place Greensboro
Address where application and ballots should be mailed
27402

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X
Signature of Voter (Required) Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Casey Hilliard | |
| Signature (Required) | Signature (Required) |
| 425 Oak Bluff | 218 Wenonah Way |
| Street Address (Required) | Street Address (Required) |
| Pittsboro, NC 27312 | Durham, NC 27713 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 11/1/2018 Date | 11/1/2018 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-20]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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KEVIN LEE ROUSE
550 SUNSET PARK RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ [redacted] on 2 of the *Witnesses'*

11/6/18
Date

_____
Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) Latitte D Cicco |
| Street Address (Required) 4455 Old Abbottsburg Rd. | Street Address (Required) 901 Village St |
| City, State and Zip (Required) Bladenboro NC 28320 | City, State and Zip (Required) Bladenboro NC 28320 |
| Date 11/6/18 | Date 11-6-18 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

THOMAS DEE JACKSON
527 LIVE OAK METHODIST CHURCH RD
WHITE OAK, NC 28399

UNA - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a nota[redacted]on 2 of the *Witnesses' Certific*

X [redacted] 11-5-18
Signatur Date

_____
Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Robin Leigh Jackson | Angela Tatum |
| Signature (Required) | Signature (Required) |
| 527 Live Oak meth. Ch. Rd. | 115 Live Oak Meth Ch Rd |
| Street Address (Required) | Street Address (Required) White Oak NC 28399 |
| City, State and Zip (Required) White Oak NC 28399 11/5/18 | City, State and Zip (Required) 11/5/18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LUE BERTHA ROZIER
1948 PAGES LAKE RD
ST. PAULS, NC 28384

DEM - BLADEN COUNTY

[redacted]

Bo[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

11/3/18

X [redacted]
Signature

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Marine Rozier | [redacted] |
| Signature (Required) | Signature (Required) |
| 1948 Pages Lake Rd | 1948 Pages Lake Rd |
| Street Address (Required) | Street Address (Required) |
| Saint Pauls, NC 28384 | Saint Pauls NC 28384 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 11/3/18 Date | 11/3/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SHANNON WALTON
186 WINERY WAY
ST. PAULS, NC 28384

REP - BLADEN COUNTY

[redacted]

Bo

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☒ [redacted] he *Witnesses'*

5 NOV 2018
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| | |
| Signature (Required) | Signature (Required) |
| Street Address (Required) | Street Address (Required) |
| City, State and Zip (Required) | City, State and Zip (Required) |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the 5 day of November, 2018, the Voter: Shannon Anne Marie Walton personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF North Caroline
COUNTY OF Alamance

Briggette M. Slivinski
Notary Public
My Commission Expires 5 Dec 2019

SEAL
NOTARY PUBLIC
ALAMANCE COUNTY, NC

NCSBE v2018.02

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**
**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

TIFFANY RENE BROWN
2824 NC 20 HWY
ST. PAULS, NC 28384

UNA - BLADEN COUNTY

[redacted]

Bo[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 11-6-18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Dean Leach | Carol Brown |
| Signature (Required) | Signature (Required) |
| 2824 NC Hwy 20 | 2653 Eldorado Rd |
| Street Address (Required) | Street Address (Required) |
| Saint Pauls NC 28384 | Fayetteville NC 28306 |
| City, State and Zip (Required) 11-6-18 Date | City, State and Zip (Required) 11-6-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JOSEPH DAVID MELVIN
1421 JOHNSONTOWN RD
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Bo[redacted]

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 11-1-18
Sig Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) Alice Jane Autry |
| Street Address (Required) 1421 Johnsontown Rd | Street Address (Required) 1401 Johnsontown Rd |
| City, State and Zip (Required) Elizabethtown, NC 28337 | City, State and Zip (Required) Elizabethtown, NC 28337 |
| Date 11-1-18 | Date 11-1-18 |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that, on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RODRICK DESHAWN LACEWELL
490 MOORETOWN RD
RIEGELWOOD, NC 28456

DEM - BLADEN COUNTY

[redacted]

Bo

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other

[redacted]

490 Mooretown Rd Riegelwood 28456
Address where application and ballots should be mailed

## Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'* Ce

[redacted]

X
Sig
10-26-18
Date

Name Correction (if applicable)

## Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

## Witnesses' Certification

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| [redacted] | Elecia B [redacted] |
| Signature (Required) | Signature (Required) |
| 7785 Little Creek Rd | 7759 Laurel Grove NE |
| Street Address (Required) | Street Address (Required) |
| Leland, NC 28451 | Leland NC 28451 |
| City, State and Zip (Required) 10-26-18 Date | City, State and Zip (Required) 10-26-18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

FREDERICK MITCHELL
504 ASH ST
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Board Approval Date

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'* C[redacted]

[redacted] 10/29/18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required) | Signature (Required) |
| 108 Lewis Dr | 504 Ash Street |
| Street Address (Required) | Street Address (Required) |
| Elizabethtown NC 2833 | Elizabethtown NC |
| City, State and Zip (Required) 10/29/18 Date | City, State and Zip (Required) 10/29/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

**Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes**

**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CHRISTOPHER BART RUFFIN
982 BLADENBORO AIRPORT RD
BLADENBORO, NC 28320

DEM - BLADEN COUNTY

[redacted]

Bo

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted] ive eligible ballots.)

[redacted]

30 NORTHCOTE AVE. TORONTO
Address where application and ballots should be mailed
ONTARIO M6G 3K2

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'* C[redacted]

[redacted] 11/6/18
Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Teresa Ruffin | [redacted] Santos |
| Signature (Required) | Signature (Required) |
| 37 Northcote Ave | 37 Northcote Ave |
| Street Address (Required) | Street Address (Required) |
| Toronto, ON M6G3K2 | Toronto ON M6G3K2 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| Nov 6/18 | Nov 6/18 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].*

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

# Absentee Application and Certificate

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**The following people are PROHIBITED from signing the Witnesses' Certification:**

**For all voters:** a candidate, UNLESS the candidate is the voter's near relative;
**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JOHN C MONROE
3435 MERCER MILL/BROWN MARSH RD
ELIZABETHTOWN, NC 28337

UNA - BLADEN COUNTY

[redacted]

Bo

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to pa ve eligible ballots.)

[redacted]

Sig

Address where application and ballots should be mailed

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X _____
Signature of Voter (Required) Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Ina Ordery | X Joyce Hicks |
| Signature (Required) | Signature (Required) |
| 600 Gates Ave 4B | 600 Gates Ave 4B |
| Street Address (Required) | Street Address (Required) |
| Brooklyn, NY 11221 | Bklyn, NY 11221 |
| City, State and Zip (Required) 11/1/18 Date | City, State and Zip (Required) 11/1/18 Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

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**For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

PATSY BOWEN RHODES
273 LUTHER BRISSON RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted] ballots.)

[redacted]

273 Luther Brisson Rd Bladenboro NC 28320 X
Address where application and ballots should be mailed

**Voter's Certification (Required)**
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete Option 2 of the *Witnesses' Certification*)

X [redacted] 10-3-2018
Signature Date

Name Correction (if applicable)

**Voter Assistant Certification (if applicable)**
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

NCSBE v2018.02

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**
**(Required Unless a Notary Public is the Witness)**

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| Deborah B. Edwards | Windy D Hester |
| Signature (Required) | Signature (Required) |
| 157 Luther Brisson Rd | 371 Sunset Park Road |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC 28320 | Bladenboro NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 11-3-18 | 11-3-2018 |
| Date | Date |

**Option 2: Notary Public as Witness**
**(Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20 _____, the Voter identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

personally appeared before me, was positively

*NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 108-30]*

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date